Application Form

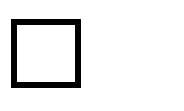
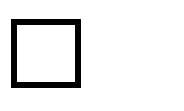
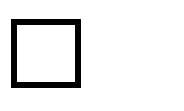
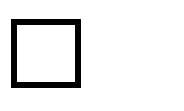
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| --- | --- | --- |
| Personal Information | | |
| First Name | Last Name | Initial. |
| Address: | | |
| City Town: | Postal Code: | |
| Phone: (Home) Cell: | | |
| Email: | | |
| Date of Birth: | | |

|  |  |  |
| --- | --- | --- |
| Qualifications | | |
| Have you ever been employed with the Town before | Yes | No |
| Valid First Aid\* | Yes | No |
| CPR C\* | Yes | No |
| RNC Code of Conduct/Vulnerable Sector Check\* | Yes | No |
| High Five: Principles of Healthy Child Development\* | Yes | No |
| Valid Driver’s License (required for certain positions) | Yes | No |
| Daily Access to Vehicle (required for certain positions) | Yes | No |

\*not required to apply, but required upon successful hiring before beginning employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Education | | | | |
| Educational Institute | Program | | | Degree/Diploma/Certificate |
|  |  | | |  |
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|  |  | | |  |
| Experience | | | | | |
| Previous Work Experience | | Date | Duties | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |
| Application submitted for: | | | | | |
| Summer Programs Coordinator | | Spring Start Date |  | | |
| Summer Camp Councillors | | Late June – Late August |  | | |
| Summer Program Inclusion Councillor | | Late June – Late August |  | | |
| Community Ambassadors | | Late June – Late August |  | | |

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| Experience Continued |
| Check off all boxes that apply, and complete the information below |
| Experience in planning and running programs for children ages 5 – 12:  Working with a person with a disability or special need  Supervising staff, Facilitating training  Other qualifications, experience: |



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| --- | --- | --- |
| Reference Information | | |
| Reference | Relation | Contact |
|  |  |  |
|  |  |  |

**Deadline: Wednesday April 7th, 4:00pm**

Signature Date

* + Must include a resume along with application