



Boys & Girls Clubs
of Kawartha Lakes

LEADER EDUCATION APPRENTICESHIP PROGRAM (LEAP)–APPLICATION FORM

The Boys and Girls Club of Kawartha Lakes is excited to introduce the new Leader Education Apprenticeship Program (L.E.A.P). As a participant in this innovative approach to leadership, successful candidates will have the opportunity to enhance their knowledge of recreation and children’s programming. L.E.A.P will prepare you for post-secondary education, employment, and self-advocacy through hands-on techniques, as well as, workshops and other training programs. With this new approach we want to help you advance from entry level apprenticeships to Boys and Girls Club team members.

If you would like to be a part of this amazing volunteer opportunity please send your resume and cover letter along with the application form to syoung@bgckl.com.

Youth Information	
Name:	Date of Birth:
Address	
Phone:	Cell Phone:
Email:	
Best method of contact (circle one): email – cell phone – home phone	
T-shirt size (circle one)	S M L XL XXL

About You
<p>Why do you want to join the Leader Education Apprenticeship Program with Boys and Girls Clubs of Kawartha Lakes? _____</p> <p>_____</p> <p>_____</p>
<p>What are your hobbies/interests? _____</p> <p>_____</p>
<p>What previous work or volunteer experience do you possess? _____</p> <p>_____</p> <p>_____</p>

How do you think your above experience will make you a good apprentice? _____

How did you hear about L.E.A.P? _____

Would you be interested in working at any of our other Club locations such as: Coboconk, Kirkfield, Dunsford, and/or Peterborough? Yes No (if yes, circle one, or more if applicable)

Do you have transportation to and from the Club on a regular basis? Yes No

Can you commit to at least 1-2 days (after school hours) a week during the school year? Yes No

References *please do not use a family member

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Parent/Guardian Section

Name:

Phone:

I, the above named parent, hereby give my permission for my child, _____
to participate in the Leader Education Apprenticeship Program.

Parent/Guardian Signature _____ Date: _____

***For more information, please contact Stephanie Young @ 705-324-4493 ext.216 OR
syoung@bgckl.com***
