

Leader in Training Application YMCA of SUPERIOR CALIFORNIA



To be completed by applicant and signed by parent.

Name _____ Gender: Male Female
Last First

Age _____ Birth Date _____ Grade (17-18 School Year) _____

Address _____ City _____ Zip _____

Parent Contact _____ Phone _____

Parent Email _____ Applicant Email _____

Please circle which Day Camp / area you are interested in working?

Sacramento Metro Plumas Woodland Oroville Cosumnes
East Sacramento West Sacramento Tahoe Park Grass Valley

What weeks are you available to volunteer? (Please circle all that you are available)

June 12-16 June 19-22 June 26-30 July 3-7 July 10-14
July 17-21 July 24-28 July 31-Aug 4 Aug 7-11

*Volunteer assignments will be confirmed upon acceptance to the program.

Applicant Signature _____ Date _____

Adult Consent

I am aware of the requirements of the YMCA Leader In Training Program and give consent for my child to apply for participation. I understand that my child is a candidate for this volunteer position and this is not a registration form or guarantee of acceptance into the program.

Signed _____ Date _____

Relationship to child _____

Supplemental Questions

Why do you want to be in the Leader In Training program?

What experience do you have working with children?

What do you know about the YMCA? Have you participated in any YMCA programs?

Describe some of your skills, talents or interests?

Special Requests, Comments, or anything we should know:
(Please note any siblings in a YMCA Day Camp, and at which location)

Please return this completed application to any YMCA of Superior California location. You may also email it to kguinan@ymcasuperiorcal.org or send it in the mail to Katie Guinan, Yolo County YMCA, 1300 College St. Woodland, CA 95695.