



CITY OF KINGSTON APPLICATION

Leaders in Training (LIT)

MUST BE 14 YEARS OLD BY **JUNE 1st** FOR CONSIDERATION

IF YOU'RE INTERESTED IN THE LIT PROGRAM PLEASE RETURN APPLICATION TO KINGSTON PARKS AND RECREATION OFFICE NO LATER THAN **APRIL 24TH**.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED

SEE BACK OF THIS PAGE FOR ADDITIONAL INFORMATION.

NAME _____
FIRST MIDDLE INITIAL LAST

ADDRESS _____ CITY _____ ST _____ ZIP _____

E-MAIL ADDRESS: _____ DATE OF BIRTH ____/____/____

TELEPHONE (Cell) _____ SOCIAL SECURITY NO. _____ - _____ - _____

EDUCATION

High School Attended _____

Did you graduate? If no, what grade are you currently in? _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Contact _____

WORK EXPERIENCE OR VOLUNTEER EXPERIENCE

Name of Supervisor: _____ Dates: _____

Supervisor Contact Information: _____

Duties: _____

Name of Supervisor: _____ Dates: _____

Supervisor Contact Information: _____

Duties: _____

Name of Supervisor: _____ Dates: _____

Supervisor Contact Information: _____

Duties: _____

REFERENCES

Please list two references. They may not include family members.

Name: _____
Contact Information: _____
Relationship: _____

Name: _____
Contact Information: _____
Relationship: _____

List any certifications or special skills:

Exp. Date: _____

Exp. Date: _____

AVAILABILITY:

EARLIEST AVAILABLE STARTING DATE: _____

LAST AVAILABLE DATE FOR 2020: _____

PLEASE LIST ALL DATES YOU WILL BE UNABLE TO WORK:

Why are you interested in the Leaders-In-Training (LIT) Program? (2-4 Sentences)

Interviews and pre-camp trainings will be required by all who are interested in the program.

I declare, subject to penalty of perjury and termination from the employment, that the statements made in the application are true to the best of my knowledge.

Signature: _____ Date: _____

If you have any questions regarding the LIT program, please contact:

Courtney Carroll

845-481-7337 or 845-802-4362

ccarroll@kingston-ny.gov