



The Leaders in Training program (L.I.T.) gives teens (age: 13-15) the opportunity to develop important leadership and job skills that will prepare participants for future employment through training, hands-on experience, and evaluation.

**APPLICATION PACKET MUST BE RECEIVED BY
5PM ON FRIDAY, APRIL 19, 2019.**

Please submit completed application packet in person, by email to srodriguez2@redwoodcity.org, or by mail

Red Morton Community Center
Attention: Leaders in Training Program
1120 Roosevelt Avenue
Redwood City, CA 94061

Monday, March 4, 2019	Applications are available online at www.redwoodcity.org/youthcenter , at Red Morton Community Center, and at Sandpiper Community Center
Friday, April 12, 2019	Application Deadline! Return all applications to Red Morton Community Center (1120 Roosevelt Ave.)
Thursday, April 18 at Sandpiper CC (5:30-6:30pm) Tuesday, April 23 at Red Morton CC (5:30-6:30pm)	FREE Job Interview Workshop – Highly Recommended Registration Required – See Parks & Rec Summer 2019 Brochure for more information.
Tuesday, April 30-Thursday, May 2, 2019	L.I.T. Interviews – Candidates will be contacted by email after deadline to schedule their interview time. ALL CANDIDATES MUST SCHEDULE AN INTERVIEW.
Wednesday, June 5, 2019	Notification of camp placement by email upon successful completion of interview.
Wednesday, June 12 (8:45am-3pm) & Thursday, June 13(9am-4pm)	MANDATORY L.I.T. Summer Training Days

For more information, please contact Scott Rodriguez at 650.780.5902 or srodriguez2@redwoodcity.org.

Red Morton Community Center 1120 Roosevelt Ave. Redwood City, CA 94061 (650) 780-7311 Fax: (650) 780-9684



Summer Camp Sites & Descriptions

CAMP KABOOM (age: 6-11)

9:00am - 5:00pm

Located at the Community Activities Building (CAB), Camp Kaboom offers a full day camp experience complete with sports, arts/crafts, games, weekly movies, swimming, field trips, and special events.

TINY TIMBERS (age: 5-7)

9:00am - 2:00pm

(6/24/19-6/28/19 & 8/5/19-8/9/19)

Located at Stulsaft Park, Tiny Timbers introduces participants to the wonder of the outdoors while developing skills in nature, arts/crafts, hiking, games, and singing.

EXPLORERS (age: 8-12)

9:00am - 3:00pm

(7/29/19-8/3/19)

Located at Stulsaft Park, Explorers gain an appreciation of the outdoors while participating in hands-on activities including nature, arts/crafts, hiking, swimming, and games.

MOUNTAINEERS (age: 5-12)

9:00am - 4:00pm

(7/1/19-7/26/19)

Located at Stulsaft Park, Mountaineers enjoy a full-day outdoor camp including hiking, songs, skits, arts / crafts, games & sports, cooking, swimming, and non-stop outdoor fun.

CAMP WHATCHAMACALIT (age: 6-11)

9:00am - 5:00pm

Located at Sandpiper Community Center in Redwood Shores, campers are treated to a full day of sports, arts/crafts, games, swimming, snacks, field trips, and fun activities.

CAMP POLLIWOG (age: 3-5)

9:00am - 12:30pm

Located at Stulsaft Park, Camp Polliwog is designed to introduce preschoolers to their first summer camp experience. Based on weekly themes, campers will enjoy activities such as nature, arts/crafts, hiking, games, and singing.

HIGH-5CAMP (age: 4-6)

9:00am – 4:00pm* or 9:00am - 12:00pm* or 1:00pm-4:00pm*

Located in Lil' Learners at Red Morton Community Center, High-5 blends traditional summer games and arts/crafts with in-depth hands-on theme based projects.

***Half day & Full day shifts available**



L.I.T. Application Summer 2019

Name: _____ Birthdate: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Applicant's Cell Phone: _____

E-mail Address: _____

School: _____ Current Grade: _____

Do have previous experience as in Leader in Training (L.I.T.)? Yes No 1. If yes, when _____

T-shirt Size (Unisex size): _____ (AS, AM, AL, AXL, AXXL) 2. What Camp _____

My child has permission to walk or ride home after his/her shift as an L.I.T. :

(Please check) **YES** **NO**

A registration form must be completed with full payment for application to be complete. If after L.I.T. interview, participant and program are not a good fit, participant will receive a full refund.

L.I.T. *Camp Preference

(L.I.T. must be able to attend the entire length of the camp. Please see page two for camp descriptions and camp times.):

1. _____

2. _____

3. _____

***Preferences are not guaranteed.**

L.I.T. Sessions - \$90 per session

Session 1: June 17- June 28, 2019

Session 2: July 1 - July 12, 2019(No 7/4)

Session 3: July 15 - July 26, 2019

Session 4: July 29 - August 9th, 2019



Volunteer/Work Experience

1. Volunteer Agency/Employer: _____

Dates Volunteered/Employed: _____ to _____

Agency/Employer Address: _____

Supervisor's Name: _____ Contact Number: _____

Job Title: _____

Job Responsibilities:

2. Volunteer Agency/Employer: _____

Dates Volunteered/Employed: _____ to _____

Agency/Employer Address: _____

Supervisor's Name: _____ Contact Number: _____

Job Title: _____

Job Responsibilities:

3. Volunteer Agency/Employer: _____

Dates Volunteered/Employed: _____ to _____

Agency/Employer Address: _____

Supervisor's Name: _____ Contact Number: _____

Job Title: _____

Job Responsibilities:



L.I.T. Emergency Medical Form

Participant's Name: _____ **Date:** _____

Participant's Cell #: _____ **Age:** _____

Home Address: _____ **City:** _____

Zip Code: _____ **Home Phone Number:** _____

Parent/Guardian Name: _____ **Best Contact Number:** _____

Parent/Guardian Name: _____ **Best Contact Number:** _____

Emergency Contact:

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Are you allergic to any medication? _____ If yes, please list: _____

Are you taking any medication? _____ If yes, please list: _____

Do you suffer from any allergic reactions? _____ If yes, please list: _____

Do you have any dietary restrictions? _____ If yes, please list: _____

What is the L.I.T.'s swimming skill level: Circle One: Below Average Average Strong

Are there any special needs or specific information that our Camp Director and Staff need to know in order to make your camp experience a success?

If yes, please list:

Parents' Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by a parent or legal guardian or staff to hospitalize and secure proper treatment for my child.

Initials: _____

Parent/Guardian Signature: _____ **Date:** _____



L.I.T. Reference Form

Dear Reference,

This applicant has applied to the Leaders in Training (L.I.T.) program at the City of Redwood City Parks, Recreation & Community Services Department and has chosen you as a reference. The primary purpose of this program is to give teens the opportunity to develop important leadership and job skills that will prepare them for future employment through training, hands-on experience, and evaluation. The program is designed to teach leadership skills including communication, sound decision-making, and conflict resolution.

Applicant's Name: _____

Reference's Name: _____

How long have you known the applicant? _____ In what capacity? _____

Why do you feel this person would succeed in our Leaders in Training program?

What are his or her strengths as a positive leader/role model in our community?

What areas of growth do you feel this person will achieve with participation in the Leaders in Training program?

Thank you for completing this reference. Feel free to provide additional comments on a separate sheet of paper. If you have any questions or concerns, please contact Scott Rodriguez at 650.780.5902 or srodriguez2@redwoodcity.org.

Reference Signature: _____ **Date:** _____

Reference Phone: _____ **Reference E-mail:** _____



L.I.T. Participant Survey

Thank you for your interest in our Leaders in Training program. Our goal is to provide youth with hands-on work experience and leadership skills that will allow our participants to take a greater role in our community through service and employment. Please answer completely and to the best of your ability.

Do you see yourself as a leader? Why?

Describe the positive impact you hope to make as an L.I.T. in our Summer programs?

Tell us your three greatest strengths.

Please list 3-5 skills/experiences you hope to gain or improve on from your participation through the L.I.T. program?

What topics do you feel should be covered in our L.I.T. Training that will prepare you for your role in our Summer Camps?



Activity Registration Form

Redwood City Parks, Recreation & Community Services

The City's Liability Waiver and Photo Release portion must be signed by all parent/guardians or participants 18 and over. Registrations with unsigned waivers will not be processed. Thank you!



Fax Number:
650.364.9980

1. PRIMARY CONTACT (Adult)

COMPLETE ENTIRE FORM

Mr. / Ms. / Mrs. _____ Birthdate ____/____/____ Gender (circle) M F

Street Address _____

City _____ Zip _____ Email Address _____ Check box to receive promotional emails

Primary Phone (____) _____ Secondary Phone (____) _____ Cell Phone (____) _____

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): _____ Emergency Contact _____

Relationship to participant _____ Emergency Daytime Ph:(____) _____ Emergency Evening Ph:(____) _____

2. ACTIVITY REGISTRATION

PARTICIPANT'S NAME First & Last (1 line per participant)	DATE OF BIRTH (mm/dd/yy)	GENDER (circle)	CLASS NAME	CLASS # 1 st Choice	FEE
1.		M F	L.I.T. Session 1	41.320	
2.		M F			
3.		M F	L.I.T. Session 2	41.321	
4.		M F			
5.		M F	L.I.T. Session 3	41.322	
6.		M F			
7.		M F	L.I.T. Session 4	41.323	



Do you have any special needs that require specific accommodations so you can fully enjoy one of our classes or facilities?

If YES, please check here.

Total Fees \$ _____

I wish to donate to the Youth Scholarship Fund + \$ _____

Less Credit on Account - \$ _____

TOTAL \$ _____

3. LIABILITY WAIVER & PHOTO RELEASE

LIABILITY WAIVER (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Community Services Department is given for me and/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries. I sign of my own free will. **Sign Below**

PHOTO RELEASE: I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. (initial) _____

<input checked="" type="checkbox"/>	Signature	2nd registrant's signature (if two adults are registering on the same form)	Photo Release Initial Below
	Print Name _____ Date _____	Print Name _____ Date _____	X _____

4. PAYMENT



CREDIT CARD

Card # _____ Exp. Date _____

Signature X _____

Name on Card (print) _____

CHECK

Payable to: CITY OF RWC

\$15 returned check fee

CASH