



<p>Pawsitively Pets Junior Leader Volunteer Application t.647 222 6466 f.416 546 4887 e.info@pawsitivelypetskidscamp.com w. www.PawsitivelyPetsforKids.com</p>

To apply for the Junior Leader Volunteer Program please submit a completed application by email or fax by the date outlined. In order to volunteer for the Summer Program you must be available to volunteer for 2 consecutive weeks. To be a Junior Leader you must attend all training and orientation. You will be contacted if you have been chosen for an interview for the Junior Leader Program.

Personal Information

Full Name:	
Date of Birth: (mm/dd/year)	Gender: M F
Address:	
Phone #: ()	Email:
Do you check your email daily? YES _____ NO _____	
How did you hear about our program?	
T-Shirt Size: YOUTH SIZE: Medium Large ADULT SIZE: Small Medium Large X-Large	

Education/Training

School you are attending:	Grade:
Please list any hobbies or activities in which you take part in:	

Have you been a Junior Leader with PPK before? YES _____ NO _____

If yes, please rate your experience: (5 great, 4 good, 3 pretty good, 2 average, 1 poor)

5 4 3 2 1

ESSAY:

On a separate page, please write a one-page essay outlining why you would like to be a Junior Leader and what skills and qualities you will bring to the program and team. Please ensure the essay has your name on the top right corner.

Commitment

Summer Program

Can you make a minimum commitment of 2 consecutive sessions?

YES _____ NO _____

Which sessions would you be interested in Volunteering *(check all that apply)*

Session	Dates	Check dates of interest
Session A	Monday July 5th to Friday July 9th	
Session B	Monday July 12th to Friday July 16th	
Session C	Monday July 19th to Friday July 23rd	
Session D	Monday July 26th to Friday July 30th	
Session E	Tuesday August 3rd to Friday August 6th	
Session F	Monday August 9th to Friday August 13th	
Session G	Monday August 16th to Friday August 20th	
Session H	Monday August 23rd to Friday August 27th	

List all previous volunteer activities:

List all experience with animals:

Contact Information

References

Please provide **one letter** of reference from an employer, teacher, coach or someone who knows you in a professional capacity. Family members are not acceptable. The letter must be signed, dated and attached to the application.

Emergency Contact Information

Parent/Guardian:

Relationship: Phone #: ()

Cell #: ()

Medical Information

Health Card #:

Family Doctor: Phone #: ()

Medical Issues or Special Concerns:

Allergies:

Medication: