



Scouts Canada – Chinook Council 2009 Leader in Training Application and Information Package



Who is Leader in Training for?

Youth aged 14 – 17 who:

- Want to further develop their leadership skills
- Have demonstrated a commitment to Scouting's principles and values
- Are considering or already working towards their Queen's Venturer Award and/or any level of the Duke of Edinburgh Awards
- May be interested in working at a summer camp in the future

What is it?

If you are selected you will spend two weeks at Chinook Council's Summer Camp programs at Scouts Canada's Camp Gardner.

The first week of the LiT program includes a balanced mix of concepts and hands-on projects to prepare you to work with youth at camp. You will:

- Complete FOCUS training
- Complete Woodbadge Part I training at the Cub level
- Complete a 10-15 hour service project providing lasting benefit to the camp

The second week will be spent working directly with youth aged 8 – 10 under the guidance and mentorship of a member of the summer program staff.

What are the benefits?

You will become a more confident leader when working with your friends, peers, and with adults. You will learn how to communicate with a variety of audiences, how to plan programs and events, and how to effectively balance a fun, rewarding program with the need for safety.

These skills will help you in school now, and at work in the future.

As part of the program, you will complete:

- | | |
|-----------------------------|--------------------------|
| • Service Award | full award |
| • Venturer Award | requirement 2 |
| • Queen's Venturer Award | requirement 4 |
| • Queen's Venturer Award | requirement 5 |
| • Queen's Venturer Award | requirement 6 |
| • Duke of Edinburgh's Award | Gold Residential Project |
| • FOCUS | full training |
| • Woodbadge Part I Pack | full training |

After you have successfully completed the program, you will also be a more attractive candidate if you choose to apply for a summer camp staff position, which you will be eligible to do after you turn 18.



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When is it?

The **concepts week** is from Sunday, July 5th to Friday, July 10th.

You may choose your **practical week** from:

- Sunday, July 12th to Friday, July 17th
- Sunday, July 19th to Friday, July 24th
- Sunday, July 26th to Friday, July 31st
- Sunday, August 2nd to Friday, August 7th
- Sunday, August 9th to Friday, August 14th
- Sunday, August 16th to Friday, August 21st

The number of spaces in each practical week are limited, so you will need to indicate a first and second choice.

All sessions begin at 6 PM on Sunday night, and end at 4 PM on Friday afternoon.

Where is it?

All sessions are located at Scouts Canada's Camp Gardner, on the NE corner of the intersection of Highways 8 and 22, 20 minutes West of the City of Calgary.

You and your parents are responsible for arranging your own transportation to and from Camp Gardner.

What does it cost?

Current Members

There is no charge for this program if you are a current Scouts Canada member.

Non Members

If you are not a current member of Scouting, you will be charged a \$30 membership fee, and will become a Scouts Canada member for the summer.

How do I apply?

You apply by completing the attached form, and submitting it by **Friday, June 26**. Send your completed, original application by mail to:

Leader in Training Applications
2140 Brownsea Drive NW
Calgary, AB T2N 3G9

We will notify you upon receipt of your application. Everyone who applies will be told if they have been accepted within one week of their application arriving. Applications received first will have first pick of practical week dates.



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APPLICATION FORM

For your application to be considered, you must include:

- A complete physical fitness certificate
- A complete permission form
- A letter (or equivalent) indicating that your application has the support of your Scout Troop Court of Honour, Venturer Company Executive, or equivalent
- A letter (or equivalent) indicating that your application has the support of a registered adult in Scouting who knows you personally, or an adult in an equivalent position in another organization you are involved with
- Something that you have created that expresses why you want to participate in this program, such as a letter, a poem, a drawing, a youtube video, or a photo collage. If your creation is online, please write the URL on the bottom of this page. Your submission should take approximately 60-90 minutes to complete from start to finish.

Incomplete applications will be held and will not be processed until all parts are received.

Youth's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Surname</small>	<small>Given Name</small>	<small>Middle Initial(s)</small>
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Age as of July 1 <input style="width: 100px;" type="text"/>
Address	<input style="width: 100%;" type="text"/>		
	<small>Address</small>	<small>City / Town</small>	<small>Postal Code</small>
Phone	<input style="width: 150px;" type="text"/>	Email	<input style="width: 150px;" type="text"/>
Registration	<input type="checkbox"/> Currently a registered member of Scouts Canada	Group Name	<input style="width: 150px;" type="text"/>
	<input type="checkbox"/> Not a current member of Scouts Canada – add new member fee and enclose a completed registration form		

	Program	Dates	Location	First Choice	Second Choice <small>if first choice full</small>	Available Spaces	Fee
Week 1	Concepts	July 5 – 10	Camp Gardner	REQUIRED		24	NIL
Week 2	Practical	July 12 – 17	Camp Gardner			4	NIL
Week 3	Practical	July 19 – 24	Camp Gardner			4	NIL
Week 4	Practical	July 26 – 31	Camp Gardner			4	NIL
Week 5	Practical	August 2 – 7	Camp Gardner			4	NIL
Week 6	Practical	August 9 – 14	Camp Gardner			4	NIL
Week 7	Practical	August 16 – 21	Camp Gardner			4	NIL

Extras	New Member All youth who are not currently members of a Scouts Canada group must pay this fee for their first week of summer program	\$30.00	+ \$
	Camp T-Shirt Please select a size: [] XS [] S [] M [] L [] XL	\$5.00	+ \$
	Camp Crest Keepsake embroidered crest of the summer camp logo	\$4.00	+ \$

Payment	<input type="checkbox"/> Cheque Made payable to Scouts Canada <input type="checkbox"/> Visa <input type="checkbox"/> M/C	GST	+5%	+ \$
		Total		\$

Credit Card	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<small>Credit Card Number</small>	<small>Cardholder's Name</small>	<small>Expiry Date</small>



Scouts Canada
Parent/Guardian Consent Form
For Category Three Activities and Out of Country Travel
 (Leaders: this is to be filed with Camping/Outdoor Activity Application)

Note: If applicant is under 18, parent or guardian must sign.

Youth's Name: _____ Phone: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____
 Parent/Guardian Name: _____

Residents of all Provinces/Territories except Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Residents of Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Quebec*. I understand that I will be notified by the quickest means possible if this authority is exercised.

IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE HOW YOU CAN BE CONTACTED:

Name: _____ Phone: _____ Cell: _____

OR **I will attend the event/activity with my child/ward.**

Permission to participate:

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child/ward to attend and participate in:

- the following event/activity: _____
- at the following location: _____
- with the following Leader in charge: _____
- on the following date: _____

I HAVE REVIEWED THE INFORMATION ON MY CHILD'S/WARD'S PROGRAM PARTICIPANT ENROLMENT FORM AND CONFIRM THAT THE INFORMATION IS UP TO DATE.

Signed, Parent/Guardian: _____ Date: _____

FOR OUT-OF-COUNTRY TRAVEL

Both Parent/Guardian's Signatures Required for Out-of-Country Travel

Signed, Parent Guardian: _____ Date: _____

1. Signed before me, _____ (name of witness), this _____ (date)
 by _____ (parent/guardian's name) at _____ (name of location).

Witness Signature: _____

Signed, Parent Guardian: _____ Date: _____

2. Signed before me, _____ (name of witness), this _____ (date)
 by _____ (parent/guardian's name) at _____ (name of location).

Witness Signature: _____



Scouts Canada Physical Fitness Certificate for Non Members

NOTE: This form is for use by Parent-Guardians or Volunteer Helper/Resource Persons participating in Scouting activities. This information is collected to assist the Scouter in charge should a medical emergency arise. In accordance with applicable Privacy Legislation, this information will not be used for any other purpose.

Surname: _____ Given Name: _____ Initial: _____
Date of Birth: _____ Age: _____ Male Female
Address: _____ City: _____
Province: _____ Postal Code: _____ Home Phone #: _____
Physician's Name: _____ Phone # _____ Scout Group Name: _____
*Provincial Medical Plan: _____ Insurance Coverage Held: _____
Emergency Contact Name: _____ Phone #: _____

Emergency Medical Information:

Does the applicant have any allergies? Yes No If yes, please indicate below.

- Medicine Insect Bites Toxins Food Smoke
 Plants Animals Other

Details: _____

Has had, please check (x)

- Appendicitis Mumps Chicken Pox Measles Kidney disease
 Rheumatic Fever Scarlet Fever Heart condition Other

Is subject to any of the following, check (x) and give details:

- Asthma Contact Lenses Headaches Fainting spells Bleeding disorders
 HIV Ear problems Diabetes Hernia Back problems
 Motion sickness Cramps Convulsions Sleepwalking Nightmares
 Bed wetting Other _____

Details: _____

Does the participant require special care, medication or diet? Yes No

Details: _____

Date of most recent physical examination (Month and Year): _____

Date of last tetanus shot (Month and Year): _____

Swimming abilities: Non-Swimmer Swimmer (Highest Level Achieved): _____

Has it ever been necessary to restrict the applicant's activities for medical reasons? Yes No

Signed, _____ Date: _____

**Voluntary in some provinces*