

## **Application for Summer Employment 2025**

	Application for Summer	Lilipioyillelit 2023		
Name (First & Last):				
Address:				
City/Town				
Province:				
Postal Code:				
Date of Birth (DD/MM/YYYY):				
Cell:				
Email Address:				
1	ions you are interested in? aranteed that you will receive on	ne of your top 3 positions.		
1.				
2.				
3.				
Have you previously bee	n employed with Bay Bulls Baulir	ne Athletic Association?		
If Yes, what position (s):				
Education				
	highest grade completed as of			
High School: Indicate the highest grade completed as of June 2024				
Post-Secondary? Indicate Program & Institution				
,				
Degree/certificate, diplo	ma received? (yes or no)			
Are you planning to attend a secondary/post-secondary				
institute full-time in Sep	tember of this year? Yes or No			
If yes, what is your course of study				





## Qualifications

Please put an "X" next to the qualifications that you may already have received:

HIGH FIVE Principles of Healthy Child	Date Completed:
Development	
HIGH FIVE Sport	Date Completed:
NCCP Fundamentals	Date Complete:
Standard First Aid	Expiry Date:
CPR	Expiry Date:
NCCP Theory Course	Level:
NCCP Technical Course	Sport?
Bronze Medallion	Date Awarded:
Bronze Cross	Date Awarded:
National Lifeguard Certification	Date Awarded:
Youth Referee (Soccer)	Date Completed:
Leadership Courses	List courses:
Please list any other certifications or awards	you have that are not listed above:

## Recreation/Sport/Tourism/Maintenance Activities & Skills

Please put and "X" next to all that apply AND attach all certificates to your application package

Drama	Art	Art	
Archery	Soccer		
Crafts	Swimming		
Cooperative Games	Baseball/Softball		
Orienteering	Hiking		
Outdoor Recreation	Fields/Maintenance		
Tourism	Music/Voice		
Basketball	Ice and/or ball hockey		
Other:	· · · · · · · · · · · · · · · · · · ·		

## **Volunteer Experience**

Please put an "X" next to all that apply

Special Events	After School Programs	Girl Guides or Cadets	
Student Council	School Activities	Sport Groups	
Other:			

Please provide information regarding your volunteer experience:





References (exclud	ling relatives)			
Name:				
Relationship:				
Phone & Email:				
Name:				
Relationship:				
Phone & Email:				
Name:				
Relationship:				
Phone & Email:				
and consent that the false statement on that from the date at the end of this p	ne BBBAA may, at a the application sha of hire, there will b	any time, verify the all be considered su be a probationary p	i is true and complete to the besinformation. I understand that inficient cause for dismissal. It is eriod, and the BBBAA will assessing, the BBBAA will have the right	f I am employed, any further understood s my performance. If,
Signature (typing requirements):  Date (DD/MM/YY	the name will satis	fy the signature		
, , ,	<u>,                                      </u>			
NOTE: Applicat	ions will NOT be es of resume/ap	e accepted if the	ired documents to Carla at recrea by are sent via google docs tached to an email. Resum a word or pdf.	or if photos of the
FOR OFFICE USE OF	AII V			
Date received:	NL I			
Acceptable for em	nplovment:			
Interview:	ipioyinciit.			
Interview date an	d time:			
Approved by:	a cime.			

Date of approval:

