

PROGRAM LEADER APPLICATION

Name: _____
(First) (Last)

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone #: (home) _____ (business) _____ (cell) _____

Email: _____

Return application to:
 Community Services Department
 Recreation Services Division
 9th Floor - 395 Main Street
 Winnipeg, Manitoba R3B 3N8

Attention: cms-program leader

Fax: 204 986-8381

Email: cms-programleader@winnipeg.ca

Certification:

Current Emergency First Aid: yes no Expiry date _____ Current CPR: yes no Expiry/Issue date & level _____

Criminal Record Check: yes no Date obtained _____

or will require a Criminal Record Agency Request for Name Check form: yes

Other certification:

- Food Handler WHMIS Coaching
 Sign Language Manitoba Fitness Certificate Other: _____

Please attach a resume and photocopies of your certification.

Please note: The Supervisor will be required to see the original copies of your certification prior to employment.

PROGRAM AREA <small>(Check off all that you are interested in and qualified to teach)</small>	SKILLS <small>(Check off all that you are interested in and qualified to teach)</small>
<input type="checkbox"/> Adaptive Services <input type="checkbox"/> French Services <input type="checkbox"/> Deaf Services <input type="checkbox"/> Learn to Skate <input type="checkbox"/> Adult Leisure <input type="checkbox"/> Preschool <input type="checkbox"/> Aquatics <input type="checkbox"/> Rec. Leadership Development <input type="checkbox"/> Children <input type="checkbox"/> Seniors <input type="checkbox"/> Dance <input type="checkbox"/> Sport <input type="checkbox"/> Family <input type="checkbox"/> Sport Camps <input type="checkbox"/> Fitness <input type="checkbox"/> Youth	<input type="checkbox"/> Aquafitness <input type="checkbox"/> Badminton <input type="checkbox"/> Basketball <input type="checkbox"/> Boxing <input type="checkbox"/> Cartooning <input type="checkbox"/> Cooking <input type="checkbox"/> Creative Crafts <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Drawing & Painting <input type="checkbox"/> Fishing <input type="checkbox"/> Fitness <input type="checkbox"/> Fun with Music <input type="checkbox"/> Fun with 2s, 3s, 4s <input type="checkbox"/> Guitar <input type="checkbox"/> Gymnastics <input type="checkbox"/> Kickboxing <input type="checkbox"/> Kinder gym <input type="checkbox"/> Knitting <input type="checkbox"/> Landscaping <input type="checkbox"/> Martial Arts <input type="checkbox"/> Parent & Child <input type="checkbox"/> Photography <input type="checkbox"/> Pilates <input type="checkbox"/> Pottery <input type="checkbox"/> Skating <input type="checkbox"/> Soccer <input type="checkbox"/> Weight Training <input type="checkbox"/> Woodworking <input type="checkbox"/> Yoga <input type="checkbox"/> Other program suggestions: _____ _____