

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: 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 (Check off all that you are interested in and qualified to teach)	SKILLS (Check off all that you are interested in and qualified to teach)
<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: _____ _____ _____