



BOYS & GIRLS CLUB
OF MOORPARK & SIMI VALLEY

LEADER IN TRAINING APPLICATION FORM

Summer 2024

YEAR OF THE TEEN

Date: _____

Name: _____ Age: _____

Address: _____
(Street City State Zip)

Email: _____

Phone: _____

Applying for: Session #1: _____ Session #2: _____ Both Sessions: _____

Days & Hours Available:

Mon.	Tues.	Wed.	Thurs.	Fri.

Parent/Guardian Info:

Name _____ Relation _____

Email _____ Cell Phone _____

Work Phone _____

Grade Level	School Name	Years Attended	GPA

Previous Work/Volunteer Experience:

Location _____ Dates _____
(Begin-End)

Supervisor Name _____ Phone _____

Job Duties:

Hobbies/Sports/Extracurricular Activities:

Awards/Achievements:

What do you expect to accomplish or gain from the LIT Program?

References: (teachers, guidance counselors, church officials, etc.; do not include relatives)

Name	Phone	Relation

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

