



Pinole Youth Center

635 Tennent Ave.
(510) 724-9004

LIT Application Information

Entering 10th-12th grades (Ages 15-17)

Thank you for your interest in the Leader-in-Training (LIT) opportunity at the Pinole Summer Camp. We are excited you're interested in joining us for a fun summer!

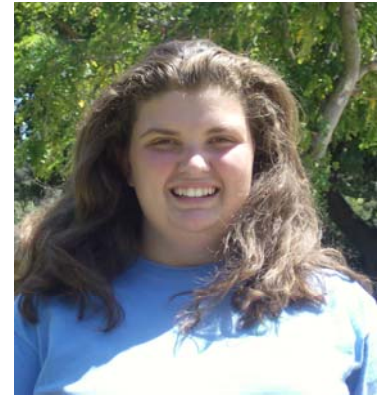
The general duties of the LIT's will be to help coordinate games and activities, assist with field trips, play sports and games, and be a role model with youth participants. Most importantly LIT's acquire community service hours necessary to graduate high school and build work experience, all the while having fun!

**All LITS must be able to commit to
at least 3 days a week for 7 out of 9 weeks.
Half days due to Summer School is acceptable.**

Camp dates & times:
June 14– August 13
Monday – Friday, 7:30am – 6:00pm

How to apply:

- Return the LIT Application **AND** Registration form by **Friday, May 7th 6:00pm** @ the Pinole Youth Center.
- Attend the **mandatory LIT Interview on Tuesday, May 11th 4:30-6pm** at the Pinole Youth Center. Candidates will be notified by Friday, May 14th if they have been selected for a LIT position. LIT's will then be asked to pay for the summer by Tuesday, May 25th 5:00pm. LIT's must purchase two t-shirts each (\$20), and may purchase additional shirts if they choose (\$8).
- Attend the **mandatory LIT training on Tuesday, May 25th 4:30 – 6:30pm**. During this training, we will be discussing the role of the LITs, leadership & facilitation skills, procedures & expectations and conflict resolution.
- LIT's must schedule at least 3 days to volunteer during the Afterschool Program, May 27th – June 11th.





PINOLE YOUTH CENTER LEADER IN TRAINING APPLICATION

635 Tennent Avenue, Pinole, California, 94564
Telephone: (510) 724-9004
Visit our web site at: www.ci.pinole.ca.us/youth

This area for Youth
Center Use Only

PLEASE TYPE OR PRINT IN INK. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED

POSITION APPLIED FOR (Print exact title) : _____ DATE : _____

NAME : _____
Last, First Middle

ADDRESS: _____
Number Street Apt.

CITY: _____ STATE/ZIP: _____

TELEPHONES: Home: (_____) _____ Cell: (_____) _____

E-mail: _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES? YES [] NO []

ARE ANY RELATIVES EMPLOYED BY THE CITY OF PINOLE? YES [] NO [] IF YES, PLEASE LIST.

WILL YOU ACCEPT TEMPORARY WORK? YES [] NO [] PART TIME? YES [] NO []

WILL YOU ACCEPT SHIFT, EVENING OR WEEKEND WORK, IF REQUIRED? YES [] NO []

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME WHICH RESULTED IN IMPRISONMENT, PROBATION, OR THE PAYMENT OF A FINE OR FORFEITURE OR BAIL OF \$50 OR MORE? YES [] NO [] (a YES answer does not automatically disqualify you). IF YOUR ANSWER IS "YES", PLEASE EXPLAIN INCLUDING WHERE, WHEN AND THE NATURE OF THE CRIME. (NOTE: You do not need to answer "yes" or explain: 1) any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; 2) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code section 1203.4; or 3) misdemeanor convictions for marijuana-related offenses that are more than two years old.)

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? (CALIFORNIA LICENSE REQUIRED FOR POSITIONS WHICH REQUIRE DRIVING) YES [] NO [] IF YES, PLEASE EXPLAIN:

DRIVER'S LICENSE NO. _____ EXPIRATION DATE: _____

SPECIAL QUALIFICATIONS

List licenses, certificates and/or registrations.

TITLE	DATE	ISSUED	DATE	EXPIRES	NUMBER
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EDUCATION & TRAINING : Circle Highest Grade Completed: 9 10 11 12

Schools Attended	Location	Units Completed	Type of Degree or Certificate	Date Degree or Cert. Awarded

WORK RECORD: Begin with present or most recent position. Please include any volunteering, babysitting, and/or any club or extracurricular experience. May attach a resume but it is NOT a substitute for completing this section.

MUST COMPLETE

FROM: Month/ Year	TO: Month / Year	Total No. Months	Exact Title of Position:
Employer Name:		Phone No: ()	Duties:
Street Address:			
City:		State:	Zip:
Name and Title of supervisor:			
Reason for leaving:		Number supervised:	Salary per mo. Starting: Final:
FROM: Month/ Year	TO: Month / Year	Total No. Months	Exact Title of Position:
Employer Name:		Phone No: ()	Duties:
Street Address:			
City:		State:	Zip:
Name and Title of supervisor:			
Reason for leaving:		Number supervised:	Salary per mo. Starting: Final:
FROM: Month/ Year	TO: Month / Year	Total No. Months	Exact Title of Position:
Employer Name:		Phone No: ()	Duties:
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FROM: Month/ Year	TO: Month / Year	Total No. Months	Exact Title of Position:
Employer Name:		Phone No: ()	Duties:
Street Address:			
City:		State:	Zip:
Name and Title of supervisor:			
Reason for leaving:		Number supervised:	Salary per mo. Starting: Final:

May we contact your present employer as to your character, qualifications, etc? Yes [] No []

I hereby certify that all statements made herein or otherwise by me in applying for a position of employment with the City of Pinole are true and correct. I understand and agree that my misstatement or omission of material fact will cause forfeiture of my rights to employment by the City of Pinole. I understand that employment is contingent upon my provision of written verification of my identity and legal right to work in the United States.

DATE _____ SIGNATURE _____

