**Playground Activity Leaders in Schools (P.A.L.S.)**

**STUDENT APPLICATION FORM**

**Name: Grade:**

**Your teacher’s name:**

1. **Why do you want to be a Playground Leader?**

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1. **Some activities I have helped with (at school, home or elsewhere) are:**

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1. **What do you think P.A.L.S. can do for your school?**

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**Applicant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEACHER REFERENCE: Please have a teacher complete this part..**

**I think \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would do a good job as a Playground leader because:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Adapted from: Playground Leadership Program, Canadian Intramural Recreation Association &

Peers Running Organized Play Stations (P.R.O.P.S.), Durham Region