



# WARRIOR RECREATION LEADERSHIP CO-TEACH REQUEST

## EXPECTATIONS OF TRAINER AND CO-TEACH:

- » Will follow all LSS and UW policies and procedures and follow directions of Trainer
- » Will prepare for and attend full duration of course
- » Will work together for a minimum of 7 days prior to the start of the course
- » Will receive leadership and feedback at the course
- » Will have completed the required paperwork prior to leaving

### OFFICE USE

SFA    IT    PT    FAM checked

### ASSIGNED TO

Trainer Confirmed    Successful    Co-Teach Accepted: \_\_\_\_\_

## AVAILABILITY

I am available:       Week day       Week night       Weekend

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Preferred name \_\_\_\_\_

LSS ID# \_\_\_\_\_ DOB (mm/dd/yy) \_\_\_\_\_ Watcard# \_\_\_\_\_

Local Address \_\_\_\_\_

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## REQUESTS

Please indicate which course you would like to Co-Teach on (Check all that apply)

Standard First Aid Examiner:    SFA Course    SFA Recert      Bronze Examiner:    Br. Medallion    Br. Cross  
 Airway Management Examiner      NL Examiner    NL Course    NL Recert  
 HCP Examiner       First Aid IT    NL IT    Swim IT    LSS IT

Preferred Date: \_\_\_\_\_

## MEDICAL CONDITIONS

Please list any medical conditions you may have so we can proactively prevent an emergency and to better serve you in the event of one occurring. This information will be kept in strictest confidence and only used in an emergency, however we suggest you let your Trainer know in your initial discussions

No medical conditions

Medical condition(s): \_\_\_\_\_

Treatment/Prevention: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I declare I have no convictions for offences under the Criminal Code of Canada, up to and including the dates of these courses, for which a pardon has not been issued or granted under *The Criminal Records Act (Canada)*

When complete, click the submit button to email the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT**