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

STUDENT APPLICATION

Name: ____________________________  Grade: ____

Your teacher’s name: __________________________

1) Why do you want to be a Playground Leader?
   ______________________________________________________
   ______________________________________________________

2) Some activities I helped with (at school, home or elsewhere) before are:
   ______________________________________________________
   ______________________________________________________

3) What do you think P.A.L.S. can do for your school?
   ______________________________________________________
   ______________________________________________________

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