

**LEADERSHIP DEVELOPMENT PROGRAM - PART 1  
APPLICATION**

**Date: April 10 - 11, 1999**

**Location: St. John Ambulance Headquarters in London, Ontario**

To: **Brigade Community Services  
St. John Council for Ontario  
46 Wellesley Street East  
Toronto, Ontario  
M4Y 1G5  
Fax: (416) 923-4856**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Unit/Branch: \_\_\_\_\_ City/Town: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Volunteer (e.g. patient care provider, therapy dog member, etc.): \_\_\_\_\_

Age: \_\_\_\_\_ Length of Time with St. John: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in that Position: \_\_\_\_\_

Previous Position: \_\_\_\_\_

Previous Leadership Course? Yes / No St. John Employment \_\_\_\_\_

Other (please specify): \_\_\_\_\_

If yes to Previous Leadership Course, please specify course content.

\_\_\_\_\_  
\_\_\_\_\_

*Note: participants must be 17 years of age or older.*

*Participant information will be sent out with confirmation of registration.*