

Village of Philmont
124 Main Street
Philmont, New York 12565

Philmont Community Center Ongoing Group Use Form – to be completed by the group leader.

Proposed Group's Title _____

Please give a brief description of the mission / goals that the group will be achieving. (Use additional paper if necessary)

Number of anticipated participants (children _____) (adults _____)

Name of the group leader _____

Address _____ Contact phone numbers _____

Email _____

Please list any relevant experience that the leader has in the group's planned activities.

Does the leader have a current CPR certification Yes /No

Does the leader have current First Aid certification Yes/No

Has the leader ever had a background check done? Yes/No If yes date and location _____

If a background check has not been done would the leader be willing to allow one to be completed?
Yes/No

Area there any other additional individuals who will be responsible for the group in absence of the leader?

Please list names of any other individuals who will serve in the absence of the group leader and contact information, Yes or No for training.

Name	Address	Phone	CPR/First Aid Training (yes/no)
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