

For Office Use Only

App received on: _____

Ref received on: _____

Notes:

Leader in Training Application

Camper Information

Name: _____ DOB: _____ Age: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Phone Number : (_____) _____ Email address: _____

T-shirt size _____

Parent Information

Guardian 1: _____ Relation to applicant: _____

Address (if different than applicant's): _____ City: _____

State: _____ Zip: _____ Phone Number : area code (_____) _____

Email address: _____

Guardian 2: _____ Relation to applicant: _____

Address (if different than applicant's): _____ City: _____

State: _____ Zip: _____ Phone Number : area code (_____) _____

Email address: _____

Custody information, if applicable: _____

LIT Program Information

Below are the dates for the LIT sessions. Please rank in order of preference, with "1" being the most desirable and "3" being the least. Place an "x" if you are unavailable for a time period. While availability will greatly depend on demand, we will do our best to accommodate your preference.

_____ Session 1: June 10th – June 30th

_____ Session 2: July 1st – July 21st

_____ Session 3: July 22nd – Aug 11th

Education

Name of High School: _____ Year of Graduation: _____

School Involvement (clubs, sports, leadership roles, etc.) _____

Experience

List any experience working with children: _____

List any certifications you hold (first aid, lifeguarding, etc): _____

List any years of camper involvement and give the name of the camp:

Camp: _____ # of years _____

Camp: _____ # of years _____

Camp: _____ # of years _____

Please check all skills you feel you possess:

<input type="checkbox"/> Archery	<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Riflery
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Horseback
<input type="checkbox"/> Swimming	<input type="checkbox"/> Dance	<input type="checkbox"/> Tennis	<input type="checkbox"/> Singing/music
<input type="checkbox"/> Other: _____			

List any physical limitations that require special attention or prohibit you from an activity _____

Short Answer – Please respond to all of the following on separate paper and mail with application

1. What do you hope to learn or experience from the LIT program?
2. Describe the characteristics you feel are necessary as an LIT.
3. How is being an LIT different from being a camper? How do you think you will handle the difference?
4. Who would you pick as a great leader and why?
5. What skills, attitudes, or experiences will you bring to our LIT program?