

L.I.T APPLICATION

Program Fees:

Requirements: (L.I.T) Leaders in Training must have completed 6th grade in the 2021-2022 school year. They must have sincere love for Christ and a desire to work with children. They must possess a strong work ethic, a willingness to learn leadership skills, and an aspiration to be a positive role model. An application must be submitted and with all three references.

Camp Fees: The L.I.T program is \$500.00 total for the whole, with a \$110 registration fee. This must be **paid in full** at sign up for program. We are asking for all L.I. T's to sign up for at least 6 weeks and must commit to at least 3 days in the week they sign up for. This is a commitment to the program, but also to yourself.

The fee is due prior to registration. If you need to make a special payment arrangement you must do this prior to the first day of camp.

Responsibilities: One day of training is scheduled for May 22nd and is mandatory to get C.I.T acquainted with the Summer Camp schedule and activities, as well as to help them know the building and also what the expectations of this Summer Camp.

Leaders in Training (L.I.T)

| Name: | | | Date: |
|----------------------------------|----------------------|--------------------------|---------------------------------|
| Last | First | M.I. | |
| Address: | | | |
| City | | State | Zip Code |
| Age Date of Birth | | School Attendin | g |
| Shirt Size (Circle) YM YL | AS AM AL | AXL | |
| What leadership and/or teachin | ng experience do you | ı have, especially in wo | orking with children and youth? |
| | | | |
| Special Interest, Hobbies or Tal | ents: | | |
| | | | |
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| Please indicate any special medical information or condition that may be helpful to know in the event of an emergency: | | | |
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| If you had to pick a fruit or vegetable to describe your personality what would it be and why? | | | |
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| | | | |
| Who in your life would consider you a mentor and why? | | | |
| | | | |
| | | | |
| | | | |
| What do you feel would be the best quality that you have to bring to the summer camp children this summer? | | | |
| | | | |
| | | | |
| Why do you think we should pick you as a C.I.T this year? | | | |
| | | | |
| | | | |
| What have you done this week to show someone that you care? | | | |
| | | | |
| | | | |
| | | | |
| What do you want to be when you grow up? | | | |
| | | | |
| | | | |
| | | | |
| If you could have dinner with anyone who would you pick? (Alive or Dead) | | | |
| | | | |
| | | | |





| Parents Phone | | | |
|---------------|--|----------------------|--------------------------------|
| | | | |
| Parent/ Guard | lian Signature: | | Data |
| | | | Date |
| , | u during the following weeks: (please | | ccepted, as a C.I.T the summer |
| | | | |
| Week | Dates | Full Time (4-5 Days) | Part Time (Up to 3 days) |
| 1 | May 31st – June 3rd | | |
| 2 | June 6th-June 10th | | |
| 3 | June 13th – June 17th | | |
| 4 | June 20th – June 24th | | |
| 5 | June 27th – July 1st | | |
| 6 | July 5th – July 8th | | |
| 7 | July 11th – July 15th | | |
| 8 | July 18 th – July 22 nd | | |
| 9 | July 25th – July 29th | | |
| 10 | August 1st – August 5th | | |
| 11 | August 8 th – August 12 th | | |





L.I.T Personal Reference

To be filled out by current or past teacher, Pastor or other adult in a leadership position. (Not a relative) This can be returned with the application or emailed prior to kayla.tiller@ymcaofhannibal.com

| 1. | How long have you known the applicant? In what capacity? |
|----------|--|
| 2. | Do you think the applicant has a maturity to assist in caring for children in a recreational setting with some adult guidance and supervision? |
| 3. | Do you think the applicant would serve as a positive role model for the youth in the camp? To peers in the C.I.T program? Please explain why. |
| 4. | Would you personally be happy to have your child under this person's direct care and influence? |
| 5. | Is there anything you would like to share of why this applicant would not be a good choice for the C.I.T job? |
| 6. | Is there anything else you would like to share about this applicant? |
| L.I.T Ap | plicants Name: Date: |
| Your Na | ame: |
| Title/Jo | b: |
| Email A | Address: |