



CROSSWAYS

CAMPING MINISTRIES

Leader-in-Training (L.I.T.) Application, Summer 2019

Applicant Name: _____ Male Female Birthdate (MM/DD/YYYY): _____

Current Grade Level: _____

LIT is held over two weeks. The first week takes place at Imago Dei Village, Week 6: July 14-19.

Please indicate your preference for where you will serve your second week as an LIT camper below:

Second Week Site Preference: Week 7: July 21-26 Week 8: July 28-August 2
(CHOOSE ONE) Imago Dei Village Pine Lake Camp Pine Lake Camp Waypost Camp

Program Fee Selection: LIT Campers are offered our Tiered Pricing option. For more information, please refer to the Pricing, Discounts, and Financial Assistance page on our website (www.crosswayscamps.org).

Please circle your chosen payment tier: Tier 1 - \$610 (\$595*) | Tier 2 - \$535 (\$520*) | Tier 3 - \$455 (\$440*)

*Early-Bird Discount Rate (application received by March 15th, 2019)

Applicant Address: _____ City/State/Zip: _____

Email: _____ Phone (circle CELL/HOME/WORK): _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Email (if different than above): _____ Phone (circle CELL/HOME/WORK): _____

Applicant's Home Congregation: _____ City/State: _____

Check here if this congregation is part of the East-Central Synod of Wisconsin (ECLA)

Applicant: Thank you for your interest in our L.I.T. program! Please answer the following questions to help our camp directors get an idea of your experience and interest in developing as a leader, particularly at camp. If necessary, attach additional pages to complete your answers.

What previous "camp experience" do you have? (Have you been a camper before? If so, where?)

Please note, not having previous camp experience is not a disqualifier.

Why are you interested in our L.I.T. program?

What does being an effective leader, particularly at camp, look like to you? Why do you think you would make a good leader in this program?

What is something you hope to learn or accomplish as a result of participating in this program?

What experience do you have working with children and youth, especially in a volunteer, mentoring, or leadership setting?

Faith is a critical part of the camp experience and our cabin leaders and camp staff are models to our campers. Where are you in your faith journey? What experience do you have in talking about faith and modeling faith for children and youth – or peers and adults?

Please list two adults we could contact for a character reference. This could be your pastor or youth director, or a teacher or coach (but not a relative).

Reference Name: _____ Relationship to Applicant: _____

Email: _____ Phone: _____

Reference Name: _____ Relationship to Applicant: _____

Email: _____ Phone: _____

The following information is needed to complete your registration in our system, should your application be accepted:

Information given in this section does not influence or affect your acceptance into the LIT program in any way.

Special dietary needs:

Please indicate any special dietary needs:

Vegetarian___ Vegan___ Gluten-Free___ Dairy-Free___ Peanut/Tree-nut Free___ Diabetic___ Other:_____

Allergies, medical conditions, and special needs camp staff should be aware of to ensure proper care is provided:

L.I.T. Applicant and Parent/Guardian Signature:

I have read and reviewed this application and attest to its accuracy.

Signature of Applicant and Date

Signature of Parent/Guardian and Date

Thank you for filling out the L.I.T. application! Please submit to our administrative office no later than **March 15th, 2019** for consideration in our program (and to receive the Early-Bird discount!). Applicants will be contacted by a camp director to schedule an interview. After the interview, applicants will be notified of their acceptance into the program within one (1) week. Our administrative office will register the accepted applicant in our system using the information provided on this application.

Mailing address:

Crossways Camping Ministries
ATTN: Liz Locke/LIT Application
912 N. Oneida St.
Appleton, WI 54911

Email address:

info@crosswayscamps.org

FOR OFFICE USE ONLY:

Date received in office (via mail or email): ____/____/____

Received by (staff initials): _____

Early-bird eligible: YES / NO