



# 2008 LEADERS-IN-TRAINING (LIT) APPLICATION

## LAKE CHAUTAUQUA LUTHERAN CENTER

5013 Route 430 † Bemus Point, NY 14712-9799

Phone: 716.386.4125 † Fax: 716.386.5714

an Outdoor Ministry of the Upstate New York Synod, ELCA

lclc@alltel.net

**Your Name** last \_\_\_\_\_ first \_\_\_\_\_ mid.int. \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian Name(s)** mother last \_\_\_\_\_ first \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
father last \_\_\_\_\_ first \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
last \_\_\_\_\_ first \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Do you reside with your parents? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ If not, with whom do you live? \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Your Home Church** \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_ Pastor or Clergy Person \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Baptism Date month \_\_\_\_/year \_\_\_\_ Confirmation Date month \_\_\_\_/year \_\_\_\_

Pastor's/Clergy's Signature \_\_\_\_\_ Your pastor's signature is requested so that s/he knows you wish to be an LIT.

Church Activities in which you're currently involved with:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Work Experience** List the most recent first. Include all jobs, including babysitting.

Employer \_\_\_\_\_ Your Position \_\_\_\_\_ Dates Employed \_\_\_\_\_

company \_\_\_\_\_ supervisor \_\_\_\_\_ to \_\_\_\_\_

address \_\_\_\_\_ city,state,zip \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

company \_\_\_\_\_ supervisor \_\_\_\_\_ to \_\_\_\_\_

address \_\_\_\_\_ city,state,zip \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

**Skills, Abilities, & Interests** Please mark each activity below with the degree of your skill, ability or interest.

(1= could lead 2= could assist 3= no experience)

- |   |  |                                      |  |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Bible Study          | <input type="checkbox"/> Environmental Education         | <input type="checkbox"/> Archery     | <input type="checkbox"/> Maintenance     |
| <input type="checkbox"/> Worship              | <input type="checkbox"/> Low Ropes Course                | <input type="checkbox"/> Devotions   | <input type="checkbox"/> Food Service    |
| <input type="checkbox"/> Games/Sports         | <input type="checkbox"/> Sailing                         | <input type="checkbox"/> Canoeing    | <input type="checkbox"/> Office/Clerical |
| <input type="checkbox"/> Arts n' Crafts       | <input type="checkbox"/> Swimming                        | <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____     |
| <input type="checkbox"/> Song Leading (Vocal) | <input type="checkbox"/> Song Leading (Instrument _____) |                                      |  |

**References** Please list your references here and give the reference forms to three adults – NOT relatives – who know your personality, faith, and skills well, i.e., your pastor, youth worker, employer, teacher, coach, or academic advisor and ask them to send the completed form directly to LCLC.

**Name**  
 title \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Months/Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Name**  
 title \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Months/Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Name**  
 title \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Months/Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Please complete the following questions on an additional sheet of paper.**

1. Why do you want to be a part of the LIT program at LCLC?
  
2. What past camp experiences have you had as a camper or volunteer? Please give dates.
  
3. Describe any leadership experiences you have with small groups, i.e., Sunday School, VBS, scouts.
  
4. What would you identify as some of the major mile markers in your faith journey and why? How do you feel about your faith today?
  
5. What is your favorite Biblical text or story and why?
  
6. List any specialized training or experience you have in camping, Bible study leadership, or recreation.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

By my signature below, I, the parent/guardian of the youth named above, give my permission for my son/daughter to apply to be a participant in the Leaders-In-Training program at Lake Chautauqua Lutheran Center (LCLC) and for an LCLC representative to conduct a confidential interview with my son/daughter as needed.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_