



2010 LEADERS-IN-TRAINING (LIT) APPLICATION

LAKE CHAUTAUQUA LUTHERAN CENTER, INC.

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@windstream.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	supervisor	Your Position	Dates Employed
company _____	_____	_____	_____ 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** ____/____/____