

LAKE CHAUTAUQUA LUTHERAN CENTER, INC

5013 Route 430 + Bemus Point, NY 14712
716.386-4125 + fax 716.386.5714
contact@lclcenter.org + www.lclcenter.org

Dear Leaders-In-Training Applicant,

Thank you for your interest in becoming an L.I.T. this summer. Spending three weeks at LCLC this summer will be an unforgettable experience. In addition to learning how to lead children through their own faith journeys, you'll also experience the love of God in many and wonderful ways.

The L.I.T. program is an intense three-week leadership program, running from July 2 – July 21, 2017. This program will not only immerse you in what it takes to serve on a summer camp staff, it will also fill your summer with exciting challenges, new friends, faith exploration, and leadership development.

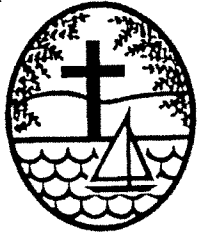
The L.I.T. program is a small program and therefore very selective, so apply as soon as possible. Your first step is to complete the L.I.T. application and submit it with three reference forms. If accepted into the program, you will need to reply quickly with your "Camp Registration" found in the summer brochure along with the appropriate deposit. The 2017 fee for the program is \$715. Acceptance in the L.I.T. program does not necessarily guarantee future employment with LCLC.

If you have any questions, feel free to contact me at 716-386-4125 or lee@lclcenter.org. Thanks again for your interest. I look forward to receiving your application!

In Christ,

A handwritten signature in black ink, appearing to read 'Lee'.

Lee M. Lindeman
Executive Director



2017 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

contact@lclcenter.org

Your Name *last* _____ *first* _____ *mid.int.* _____ Birth Date ___/___/___

Permanent

Address _____ Apt. # _____ School _____

City _____ State _____ Zip _____ Age _____ Grade _____

Home

Cell

Phone (____) _____ Phone (____) _____ Email _____

Parent/
Guardian *last* _____ *first* _____ Work
Name _____ Phone (____) _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home

Cell

Phone (____) _____ Phone (____) _____ Email _____

Your Home
Church _____

Address _____ Pastor or
Clergy Person _____

City _____ State _____ Zip _____ Phone (____) _____

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 (____) _____

Employer _____ Your Position _____ Dates Employed _____
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)

__ Bible Study	__ Environmental Education	__ Archery	__ Maintenance
__ Worship	__ Low Ropes Course	__ Devotions	__ Food Service
__ Games/Sports	__ Sailing	__ Canoeing	__ Office/Clerical
__ Arts n' Crafts	__ Swimming	__ other _____	__ other _____
__ Song Leading (Vocal)	__ 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 _____ Work _____
title last first _____ Phone (____) _____
 Home _____
 Address _____ Phone (____) _____
 City _____ State _____ Zip _____ Email _____
 Months/Years Known _____ Relationship _____

Name _____ Work _____
title last first _____ Phone (____) _____
 Home _____
 Address _____ Phone (____) _____
 City _____ State _____ Zip _____ Email _____
 Months/Years Known _____ Relationship _____

Name _____ Work _____
title last first _____ Phone (____) _____
 Home _____
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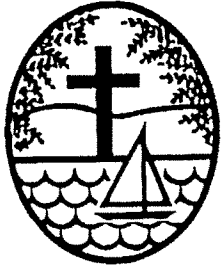
Please complete the following questions.

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?

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 an interview with my son/daughter as needed.

Parent/Guardian's Signature _____ Date ____/____/____



LEADERS-IN-TRAINING (LIT) REFERENCE

Lake Chautauqua Lutheran Center, Inc.

5013 Route 430, Bemus Point, NY 14712

PHONE 716.386.4125 FAX 716.386.5714 EMAIL contact@lclcenter.org

Reference

Request For _____
first & last name of applicant

Applicant ~ Please write in your name to
← the left, send or give this form to your
reference, and asked him/her to send it
back directly to LCLC as soon as possible.
Applications are not complete until at
least three references have been received.

Dear Reference,

The person named above has applied to the Leaders-In-Training (LIT) program at Lake Chautauqua Lutheran Center (LCLC) and is asking you to complete both sides of this form. The LIT program is an intensive, three-week leadership training and development program for 16-18 year olds. Your reference responses will remain in strict confidence and are greatly appreciated. Thank you!

Lee M. Lindeman, Executive Director

1. How long have you know the applicant?
2. In what capacity or relationship have you known the applicant?
4. Would you leave your child in the overnight care of this applicant? Please explain.
5. To your knowledge, has the applicant ever been accused of any child, sexual, emotional, or physical abuse?

6. What are the applicant's strongest characteristics and attributes?

7. What are the applicant's strongest skills, talents, and/or abilities?

8. Please feel free to make any additional comments.

Signed _____ Date ____/____/20____

Please
Print Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Email _____

Thank you for your time!