

## LAKE CHAUTAUQUA LUTHERAN CENTER, INC

5013 Route 430 + Bemus Point, NY 14712

716.386-4125 + fax 716.386.5714

Kurt@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.

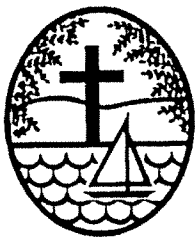
The L.I.T. program is an intense three-week leadership program, running from July 1-July 20, 2018. This program will not only immerse you in what it takes to serve on a summer camp staff, it will also fill your summer with exciting challenges, new friends, faith exploration, and leadership development.

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 2018 fee for the program is \$720. 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 Kurt@lclcenter.org. Thanks again for your interest. I look forward to receiving your application!

In Christ,

Kurt Schlewitt  
Program Director



# 2018 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

Kurt@lclcenter.org

**Your Name** last \_\_\_\_\_ first \_\_\_\_\_ mid.int. \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Permanent Address \_\_\_\_\_ Apt. # \_\_\_\_\_ School \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian Name** last \_\_\_\_\_ first \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell 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	supervisor	Your Position	Dates Employed
company _____	_____	_____	_____ to _____
address _____	city, state, zip _____	phone (____) _____	
Employer	supervisor	Your Position	Dates Employed
company _____	_____	_____	_____ 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* \_\_\_\_\_ **Work**  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ **Home**  
 Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **Email** \_\_\_\_\_  
 Months/Years Known \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name**  
*title* \_\_\_\_\_ *last* \_\_\_\_\_ *first* \_\_\_\_\_ **Work**  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ **Home**  
 Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **Email** \_\_\_\_\_  
 Months/Years Known \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name**  
*title* \_\_\_\_\_ *last* \_\_\_\_\_ *first* \_\_\_\_\_ **Work**  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ **Home**  
 Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **Email** \_\_\_\_\_  
 Months/Years Known \_\_\_\_\_ **Relationship** \_\_\_\_\_

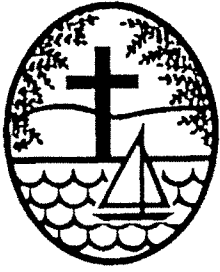
**Please complete the following questions.**

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 Kurt@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!

Kurt Schlewitt, Program Director

1. How long have you known 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!***