



NCCS Camp Newaygo 2010 LIT Application

Thank you for applying with us!

Please complete this form and fax to: (231) 652-2542 or mail to:
NCCS Camp Newaygo, ATTN: Nicole Glenn
5333 Centerline Rd, P.O. Box 610, Newaygo, MI 49337

www.campnewaygo.org

[naglenn@nccscares.org](mailto:neglenn@nccscares.org)

(231) 652-1184 ext. 102

First Name: _____ Last Name: _____ Social Security #: _____
Age: _____ Birth Date: ____/____/____
How did you hear about NCCS Camp Newaygo? _____

Contact Information

Phone Number: _____ - _____ - _____ Email Address: _____
Address: _____ City: _____ State: _____ Zip: _____
Best time to reach you: _____

Parent / Guardian Information

Father's / Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Email Address: _____
Mother's / Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Email Address: _____

Emergency Contact (If the parent/Guardian is unavailable)

Emergency Contact Person: _____ Relationship: _____
Emergency Contact Phone: _____ - _____ - _____

Education (Starting with most recent)

School	City/State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History (List most recent first)

1. Business Name: _____ Supervisor: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ - _____ - _____ Dates Employed: _____ Reason for Leaving: _____
Position: _____ Responsibilities: _____
2. Business Name: _____ Supervisor: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ - _____ - _____ Dates Employed: _____ Reason for Leaving: _____
Position: _____ Responsibilities: _____
3. Business Name: _____ Supervisor: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ - _____ - _____ Dates Employed: _____ Reason for Leaving: _____
Position: _____ Responsibilities: _____

4. Business Name: _____ Supervisor: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ - _____ - _____ Dates Employed: _____ Reason for Leaving: _____
Position & Responsibilities: _____

Youth/Volunteer Experience

1. Organization: _____ Supervisor: _____
Organization Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ - _____ - _____ Dates Volunteered: From _____ To _____
Position: _____ Responsibilities: _____
2. Organization: _____ Supervisor: _____
Organization Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ - _____ - _____ Dates Volunteered: From _____ To _____
Position: _____ Responsibilities: _____
3. Organization: _____ Supervisor: _____
Organization Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ - _____ - _____ Dates Volunteered: From _____ To _____
Position: _____ Responsibilities: _____

Camping Experience

1. Camp Name and Location: _____
of Years as a Camper _____ CIT/LIT _____ Staff _____ Position(s) Held: _____
Responsibilities: _____
Supervisor/Director: _____
 2. Camp Name and Location: _____
of Years as a Camper _____ CIT/LIT _____ Staff _____ Position(s) Held: _____
Responsibilities: _____
Supervisor/Director: _____
 3. Camp Name and Location: _____
of Years as a Camper _____ CIT/LIT _____ Staff _____ Position(s) Held: _____
Responsibilities: _____
Supervisor/Director: _____
 4. Camp Name and Location: _____
of Years as a Camper _____ CIT/LIT _____ Staff _____ Position(s) Held: _____
Responsibilities: _____
Supervisor/Director: _____
- Other significant camping experience: _____

References

Please list three people who have knowledge of your character, experience, and abilities. Give a reference form to each person listed below. Have him/her mail completed reference form directly back to us at:

NCCS Camp Newaygo, Attn: Nicole Glenn, 5333 Centerline Rd, P. O. Box 610, Newaygo, MI 49337

1. Name: _____ Title: _____ Phone: _____ - _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Best time/days to contact them _____
2. Name: _____ Title: _____ Phone: _____ - _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Best time/days to contact them _____
3. Name: _____ Title: _____ Phone: _____ - _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Best time/days to contact them _____

Skills and Interest

Please rate your skill level in the following activities using the rating system listed below:

0 = No experience/interest in this activity

1 = I have no experience in this activity but would like to learn how to teach it.

2 = I have some experience in this activity and would like to develop my skill in it.

3 = I have experience in this activity and with some help could teach or co-instruct.

4 = I am confident I can teach this activity on my own.

Arts & Crafts

_____ Painting
_____ Lanyards
_____ Silk Screen
_____ Tie Dye
_____ Pottery
_____ Jewelry Making
_____ Leather Work
_____ Photography
_____ Drawing
_____ Basket Making
_____ Ceramics
_____ Other _____

Water Sports

_____ Boat Driving
_____ Canoeing
_____ Diving
_____ Sailing
_____ Swimming
_____ Wind Surfing
_____ Snorkeling
_____ Water Skiing
_____ Tubing
_____ Kayaking
_____ Synchronized Swimming
_____ Fishing
_____ Other _____

Wilderness Skills

_____ Camp Crafts
_____ Fire Building
_____ Outdoor Cooking
_____ Hiking
_____ Orienteering
_____ Astronomy
_____ Animal Identification
_____ Plant Identification
_____ Backpacking
_____ Leave No Trace
_____ Overnight Tent Camping
_____ Environmental Education
_____ Other _____

Sports and Games

_____ Archery
_____ Basketball
_____ Fitness/Aerobics
_____ Gymnastics
_____ Kickboxing/Martial Arts
_____ Soccer
_____ Parachute Games
_____ Tennis
_____ Volleyball
_____ Yoga
_____ Fencing
_____ Other _____

Horseback Riding

_____ English Style Riding
_____ Western Style Riding
_____ Riding Instruction

Drama and Music

_____ Musical Instrument _____
_____ Song Leading
_____ Improv
_____ Play Direction
_____ Creative Drama
_____ Other _____

Fine Arts/Miscellaneous

_____ Dance
_____ Languages
_____ Story Telling
_____ Writing
_____ Poetry
_____ Camp Newsletter
_____ Evening Program Planning
_____ Campfire Programs

Team Building

_____ Group Initiatives
_____ Low Ropes Course
_____ High Ropes Course

Additional Skills & Certifications

Please list any other areas in which you can teach or you would be interested in learning how to teach:

Please list any of your current certifications and their expiration dates (i.e. First Aid, CPR, WFA, WSI, Life Guarding, Canoeing, Babysitting, etc.) Attach copies of certificates:

Certification	Expiration Date	Certification	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Questions

(If necessary, please use a separate sheet of paper)

1. The LIT position is a transitional position. As a camper in this program you will gain knowledge and experience in staff responsibilities. How will you handle the challenge of transitioning from a camper into a leadership role at camp?
2. What strengths do you possess that will make you a qualified member for the LIT program?
3. What would you consider to be your strongest personal assets that would come in handy working with children?
4. What are some of the strongest leadership skills you possess?

5. What are the areas you need the most support in?

6. What are the areas in which you want to grow?

7. Describe a situation that shows your ability to be a team player and a situation that shows how you acted independently.

8. What reservations, if any, do you have about being an LIT at NCCS Camp Newaygo? (Leave blank if none)

Session Options

Oak Session: The Full LIT experience! June 21- August 7th \$600 (save \$125)

Includes LGT, PiRo Trip, Training week and 4 weeks hands on experience.

Acorn Session: Create your own experience:

Must attend following session:

1 week of leadership training and 2 weeks of hands on experience July 4th – July 24th \$325

Additional Options:

Lifeguard Training June 21st -June 26th \$175

Pictured Rocks Trip June 27th - July 3rd \$225

2 weeks additional hands on experience July 24th – August 7th \$0 Total Fee \$ _____

Interview Dates and Times

Please mark the dates and times that work best for you:

Wednesday, February 24 _____ 3:30pm _____ 4:00pm _____ 4:30pm

Thursday, February 25 _____ 3:30pm _____ 4:00pm _____ 4:30pm

Tuesday, March 2 _____ 3:30pm _____ 4:00pm _____ 4:30pm

What time zone are you in? EST CST MST PST

Criminal Background Check

Have you ever been convicted of a felony? Yes No

Other than minor traffic violations, have you ever been convicted of a misdemeanor crime?

Yes No

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

Yes No

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of a child? Yes No

If you answered yes to any of the above questions, please explain on a separate sheet of paper and attach to this application.

Parent / Camper Agreement

I understand all deposits are nonrefundable. All fees are due **four weeks prior** to camp. I give my permission for my child to participate in all activities as they pertain to his/her camp program (including overnight, out of camp trips, and high and low ropes courses). I understand and assume full responsibility for all risks associated with program activities which include risk of injury and/ or death due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent in outdoor settings. I release NCCS Camp Newaygo and all of their employees, volunteers or agents from any and all liability for use of any image generated which includes any member of my family or myself for public relations purposes including but not limited to, articles, brochures, memory books, videos, television, Internet, newspaper, and magazine advertisements, Internet images, and all other Internet and website usage. I accept full responsibility for all incurred camp fees and expenses. I agree to assume all financial responsibility for any medical attention needed by my child and otherwise not covered by my insurance. I agree to hold harmless and free of liability NCCS Camp Newaygo and covenant not to sue, including staff, volunteers or other representatives. I give full permission to NCCS to seek and obtain any medical treatment deemed to be necessary by NCCS staff and/or volunteers. I give my permission for the registered child to be released to either parent/guardian listed or:

_____ (name and relationship) at the close of camp.

The information provided in this application is true, correct, and complete. If accepted, any misstatement or omission of fact may result in my immediate release.

I understand that my background will be investigated by NCCS, the Central Records Division of the Michigan State Police, and any other agency, which may supply background information as required by law and/or policy. I authorize NCCS to utilize the above information to obtain a criminal history. I also authorize NCCS to contact references. I understand that an offer to participate may be dependent on my satisfactorily passing a physical exam and/or laboratory tests that may be prescribed by the agency. Finally, if accepted, I give my full permission and consent to be photographed or otherwise have my image utilized and/or spoken or written words used in the camp's marketing and educational efforts.

Applicant Signature

Date

Parent Signature

Date

