

West Suburban YMCA

Camp Frank A. Day L.I.T. Application 276 Church St · Newton, MA 02458 · Phone: (617)795-0931 Fax: (617)321-2267 · www.westsuburbanymca.org

Name:		DOB:
Address	First Last	Dhana
Address:		Phone:
Email:		T-shirt size:
Gender: ju M / F / NB	LITs must be entering their unior year of high school OR be Grade Fall at least 16 years old. '24:	Age as of June 21 st , 2024:
ne of ent/Guardian:		
me	Cell #	Work #
-		
art of the first s	m is designed as a 7 week long program, includes session. All L.I.T.s are required to attend at lead trequired that you stay the entire summer.	
24 Session Op • (1 st) 6/23 - • (2 nd) 6/23	- 7/13 □ 3 weeks - 7/20 □ 4 weeks - 7/27 □ 5 weeks - 8/03 □ 6 weeks	
24 Session Op • (1st) 6/23 - • (2nd) 6/23 - • (3rd) 6/23 - • (4th) 6/23 -	- 7/13 □ 3 weeks - 7/20 □ 4 weeks - 7/27 □ 5 weeks - 8/03 □ 6 weeks	

Rank your interest and ability (0 not interested, 1 want to learn, 2 can assist, 3 can lead) in the following:

Archery	Kayaking / Canoeing	Sailing
Arts and Crafts	Low Element Facilitation	Swimming
Belaying High Elements	Fishing	Traditional Sports (Basketball, Softball, Soccer, etc.)
Camp Games	Nature	Water Skiing / Wakeboarding / Tubing
Dance	Music	Drama / Improv
Other:		

- Please list any applicable courses, trainings and/or certifications you have completed:
- Please list any academic honors, extracurricular activities, sports played, and/or leadership experience in your school or community. Also list any work experience, i.e. babysitting, snow shoveling, etc.

Essay Section: Please attach additional sheets as necessary to answer each question completely.

- Why do you want to become an L.I.T.?
- What do you hope to learn or gain from this program?
- If you ran a camp, what would be some of your goals and objectives?

Reference:

In order to complete your application, please obtain and submit a character reference from an adult that is a non-relative. You will find the form on the final page of this application. Please choose someone who knows you well, such as a family friend or a teacher.

L.I.T. Applicant Agreement:

I certify that all statements made by me on this application are true to the best of my knowledge. I understand that if accepted into the program, I must abide by all camp rules, even when I participate in off camp activities, and that failure to do so may result in my dismissal from the L.I.T. Program. I understand that acceptance into the L.I.T. Program does not guarantee me employment for the following summer.

Signature	Date	_
my child will be taking trips off of participating in a camp service p L.I.T. Program, based on a failu	proval to participate in the L.I.T. Program. I understand that camp, assisting counselors in cabins and activities and project. I understand that if my child is dismissed from the re to abide by camp rules, I will not receive a refund. I an L.I.T., upon completion of the program, my child is not owing summer.	
Signature	Date	

Camping Services L.I.T. Character Reference

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Failure to complete this top section may delay your application.

Applicant: Please fill in this information before giving the form to your reference.

Applicant's Name

program or work with children?

Camp Frank A. Day Camp Applying to Leader-in-Training (L.I.T.) Position Desired Reference: The above named person is applying to become an L.I.T. at Camp Frank A. Day, one of the West Suburban YMCA's summer camps. We require one character reference, from a non-relative adult, in order to be considered for the program. Please take a moment to answer the following questions to the best of your knowledge. If you feel unable to answer a question, write "no opportunity to observe." Please use the back of this form if additional space is needed. How long have you known the applicant? Explain the capacity in which you know the applicant. How do you feel the applicant would benefit from a Leadership Training Program? Would you describe the applicant as more independent or group oriented? How well does the applicant interact with and relate to children? If possible, give an example of an opportunity you have had to observe him/her with children. If you have not had this opportunity, please indicate how you think s/he would perform in this role. Are you aware of any reason why we should not allow this applicant to participate in a leadership

Your	
Name	Occupation
Email _	Phone

Thank you for taking the time to complete this recommendation! You may write additional comments on a separate sheet of paper. Please return this to the address or fax number listed above or directly to Gus Noriega the Director at Gusn@wsymca.org