

## 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

**Important – Please note:** Applicants must submit a completed application along with character reference in order to be considered for the L.I.T. program. Once accepted, the L.I.T. will be mailed additional paperwork. They may not register through the normal Camper Registration Form. Please read through all the attached information regarding the L.I.T. program before signing and submitting this application.

Name:			DOB:	
Addres:	First		Phone:	
Email:			T-shirt size:	
M/F ye	Ts must be entering their junior ear of high school OR be at least by years old.	Grade Fall '26:	Age as of June 27th, 2026:	
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## **Background**

<ul><li>Have you previously attended Camp Frank A. Day? Yes [] No[]</li></ul>	
If Yes	-
Green [] or Gray []	

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

Sailing

Kayaking / Canoeing

	circi y	rayaning / canocing	- Caming
Ar	ts and Crafts	Low Element Facilitation	Swimming
			Traditional Sports (Basketball, Softball,
Be	elaying High Elements	Fishing	Soccer, etc.)
Ca	imp Games	Nature	Water Skiing / Wakeboarding / Tubing
Da	ance	Music	Drama / Improv
Ot	her:		
exper			ports played, and/or leadership sperience, i.e. babysitting, snow
_	<b>Section:</b> <i>Please attach</i> o you want to become an		to answer each question completely.

• If you ran a camp, what would be some of your goals and objectives?

• What do you hope to learn or gain from this

program?

	e obtain and submit a character reference from an adult that is a nal page of this application. Please choose someone who knows you
knowledge. I understand that if accept even when I participate in off camp act	ne on this application are true to the best of my red into the program, I must abide by all camp rules, tivities, and that failure to do so may result in my aderstand that acceptance into the L.I.T. Program does following summer.
Signature	Date
my child will be taking trips off camp, a participating in a camp service project. L.I.T. Program, based on a failure to al	to participate in the L.I.T. Program. I understand that assisting counselors in cabins and activities and I understand that if my child is dismissed from the bide by camp rules, I will not receive a refund. I I, upon completion of the program, my child is not summer.
Signature	Date

## Camping Services L.I.T. Character Reference

276 Church St · Newton, MA 02458 · Phone: (617)244-6050 Fax: (617)321-2267 · www.westsuburbanymca.org

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 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 program or work with children?

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 <a href="mailto:Gusn@wsymca.org">Gusn@wsymca.org</a>