

LEADER IN TRAINING APPLICATION--CGIT CAMP KALALLA

Please print and mail this application form to gain acceptance to the program before registering for camp.

Return Completed Form and your Resume To:
Registrar, 420 Lyon St North, Ottawa, ON K1R 5X2

DEADLINE: May 1st

Information session and interview night will be scheduled for late Spring.

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home Telephone: _____

Parent E-mail: _____

Camper E-mail: _____

Date of Birth (DD/MM/YY): _____ Grade Completed: _____

Minister's Name: _____ Church Attended: _____

Do you have a First Aid Certificate? Type: _____

Swimming Qualifications: _____

Do you have any disabilities which would prevent you from full participation in all camp activities?:

List your camping experience: _____

List other Leadership experience (include school activities, Sunday School, etc.):

Write a short paragraph explaining why you would like to be a LIT:

What skills and abilities do you think are required of camp staff?:

This list will help us get to know you better. Please comment on your involvement with the following, if applicable to you.

Planning Events: _____

First Aid Experience: _____

Building a Fire/Cooking Over a Fire: _____

Planning for a Camping Trip: _____

Steering a Canoe: _____

Summer Sports Activities: _____

Extracurricular Activities: _____

Hobbies: _____

Going on a Hike: _____

Religious Studies: _____

List three references. Please do not list relatives.

Name: _____	Phone: _____	Relationship to Applicant: _____
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