



Returning Leaders in Training Information

REQUIREMENTS

LIT participants must:

- Have previously completed the LIT training week
- Complete and submit application
- Submit a personal letter of intent
- Request references

PERSONAL LETTER OF INTENT

Must include:

- Why the participant is applying
- Personal qualifications
- Goals the participant wishes to achieve through the program

REFERENCES

Two letters of recommendation are required

- a.) One from the participant's pastor, church elder, or youth director/leader.
- b.) One from a participant's teacher, coach or employer that knows the participant well.

Give an envelope pre-addressed for Camp Perkins and stamped to those from whom you request a reference. Recommendation letters should be sent directly to Camp Perkins to the attention of the Program Director:

Camp Perkins
Attn: Nicole Ripke
219 S River St. Suite 203
Hailey, ID 83333

VOLUNTEER WEEKS

Each LIT accepted for the summer will be offered at least one week during the summer to volunteer. Further weeks may be offered based on participant availability and the needs of the camp program. Camp Perkins has a limited amount of space for LITs, and will consider applications on a first come, first serve basis.

Please Note – LITs generally are not permitted to remain at Camp Perkins over weekends. Prior arrangements **must be made with the Program Director. If permitted to stay, LITs should expect to serve over the weekend.*

APPLICATION DEADLINE

Information forms must be received at Camp Perkins by April 1st. Following acceptance, participants may be contacted to set up a pre-summer phone interview.

PARENT/GUARDIAN SIGNATURE

Participants under the age of 18 must have their information form signed by a parent/guardian.

CRITERIA FOR ACCEPTANCE

- Skills and talents
- Availability
- Prior Experience
- Motivation
- Maturity
- Initiative



LEADERS IN TRAINING POSITION DESCRIPTION

Position Title

Leader in Training

Position Purpose

To provide for the physical, mental, and spiritual welfare of children/youth campers attending the Camp Perkins summer program.

Reporting Relationship

- ◆ Program Director
- ◆ Assigned Supervisor

Qualifications

- ◆ Completed LIT training
- ◆ Understanding of and compliance with Camp Perkins Mission Statement
- ◆ Love and concern for others
- ◆ Good stewardship of time, talents and treasures
- ◆ Spiritual and emotional maturity
- ◆ A Scriptural faith
- ◆ Ability to follow instructions
- ◆ Cooperative
- ◆ Enjoy the outdoors
- ◆ Willing to work hard

General Responsibilities

- ◆ Attend all camp devotions and Bible studies as duties allow
- ◆ Place well-being of campers before personal desires
- ◆ Adhere to Camp Perkins' policies and procedures
- ◆ Care for camp facilities and equipment
- ◆ Assist the counseling staff with caring for the campers as assigned
- ◆ Assist the Foodservice Director with the daily duties of food service as assigned
- ◆ Assist the Head of Housekeeping and/or Maintenance with the daily duties of camp facility care as assigned
- ◆ Identify and meet the needs of the campers
- ◆ Complete additional tasks as assigned

Length of Service

Volunteers will be contracted for one week of service. After that week, if the individual desires to volunteer for additional time, they may do so pending the needs of the camp.



Leaders in Training Application

**If you have not attended the LIT camp previously, you must register for the week of training at www.CampPerkins.org*

Name _____ Phone _____

Address _____ E-mail _____

Home Church _____ City _____ Denomination _____ Synod _____

Name of Pastor or Youth Leader _____ T-Shirt Size _____

Mark weeks you are **NOT** available to serve: Jul 1-6 ___ Jul 8-13 ___ Jul 22-27 ___ Jul 29-Aug 3 ___ Aug 5-10 ___

How many weeks would you like to serve? 1 week _____ 2 weeks _____

List and describe any work experience _____

List and describe volunteer experiences you have had: _____

List and describe experiences you have had working with children: _____

List any organizations, extra-curricular activities or clubs in which you are active: _____

Have you ever been a camper at Camp Perkins? Yes No If yes, when? ___ _____

Have you ever been an LIT at Camp Perkins? Yes No If yes, when? _____

List three words that best describe you. 1.) _____ 2.) _____ 3.) _____

Parent's consent: I, _____, feel that _____, my son/ daughter, will perform the duties of LIT Volunteer to the best of his/her capabilities and I give him/ her my approval and blessings.

Signed: _____ Date: _____
Parent / Guardian Signature (If participant is under age 18.)

Signed: _____ Date: _____
Participant's Signature

Return this form, along with a personal letter of intent to:

**Camp Perkins
Attn: Nicole Ripke
219 S. River St. Suite 203
Hailey, ID 83333**