



YMCA CAMP HI-ROCK APPLICATION LEADERS IN TRAINING 2010

Return to: 162 East Street • Mt. Washington, MA 01258 • (413) 528-1227
Fax: (413) 528-4234 • Email: summer@camphirock.org



Name: _____
First Middle I. Last

Home Address: _____

Gender (please circle): Male Female
 DOB(MM/DD/YYYY): ____/____/____
 Age as of June 27, 2009: ____ Grade in '10-'11: ____
 Home Phone: () -
 Cell Phone : () -
 Email: _____

Have you ever been convicted of a criminal offense? Yes No If yes, please explain:

Education Information

LITs must be rising Juniors or turning 17 by the start of summer.
High School Name and Address

Phone _____
 Principal's name _____

Survey Questions
 Have you attended Camp Hi-Rock in the past? Yes No
 If yes, what years did you attend?

SESSION PREFERENCE

Leadership In Training Program Sessions A & B

Please indicate which program sessions you would like to attend:

LIT Program A June 27-July 24 _____

LIT Program B July 25-August 21 _____

Are you available for all four LIT weeks? Yes No

Are you able to switch if session is closed? Yes No

Medical/Dietary Information

Please list any allergies you have:

 Are you a vegetarian? Yes No

Personal References

List three individuals able to give character references. Do not include relatives. Three reference forms have been included with this application. They may be returned separately by the individuals filling them out, but must be received by YMCA Camp Hi-Rock in order to process this application.

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

List all certifications you currently have or will have by the start of the summer. Copies will need to be provided upon arrival.

Certification	Exp. Date	Certification	Exp. Date	Certification	Exp. Date

IMPORTANT - PLEASE NOTE

- Applicants must submit a completed application, three written references, and participate in a phone interview to be accepted as an LIT.
- Once accepted, the LIT will be mailed additional materials to finalize program registration. LITs are not able to register for camp through the normal Camper Registration Form.
- The law requires us to conduct criminal offender (CORI) and sexual offender (SORI) checks on all persons who may eventually have unsupervised contact with campers, though this only includes Counselors (and 17-year old LITs).
- The "Dear LIT Applicant and Parent" Letter contains important information concerning the responsibilities of the LITs and other elements of the program. Both the applicant and the parent should read that letter (available online) before signing this application.

LEADERS IN TRAINING 2010

Applicant's Name: _____

Essay Questions

Please answer the following questions and attach as many sheets as are necessary to this application. You are welcome to either write or type your responses.

1. If you have attended, what have you gained from your experiences as a YMCA Camp Hi-Rock Camper?
2. Why do you want to be a LIT?
3. What special skills or talents do you have from which the other LITs will benefit?
4. What do you hope to learn or gain from this program?
5. What character qualities do you possess that would be important as a LIT?
6. If you ran a camp, what would be some of your goals and objectives?
7. What do you see as your greatest accomplishment? Why?
8. Describe your leadership experiences and/or list any leadership trainings you have attended.
9. Please list any extracurricular activities in which you participate.

Employment History

List all work experience beginning with your current or most recent position.

Company Name _____ Employed From _____ To _____
Address (Street, City, State, Zip) _____
Name and Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for Leaving _____
Description of Responsibilities _____

Company Name _____ Employed From _____ To _____
Address (Street, City, State, Zip) _____
Name and Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for Leaving _____
Description of Responsibilities _____

Release and Personal Certification of LIT Applicant

A. I certify that all statements made by me on this application are true to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for the LIT program and may be cause for dismissal from YMCA Camp Hi-Rock. I grant permission to the YMCA to solicit and investigate statements from any person and/or organization with regard to my personal history and prior employment and agree to hold all persons harmless with respect to the information they may give, receive, or publish. I understand the YMCA will conduct a criminal and a sexual offender background check. I hereby waive any right to claim any request or investigation as an invasion of my privacy and will cooperate with any requests for information since they are made with my consent.

B. I certify that I have read the "Dear LIT Applicant and Parent" Letter, and I understand I may not be accepted into this program. If offered a placement, I will conscientiously abide by all camp rules and conditions of the program. I understand that when the program is over I will return home and may not be asked to stay on. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily sign this application.

Signature of Applicant _____ Date _____

Release and Personal Certification of Parent:

I certify that I have read the "Release and Personal Certification of LIT Applicant" on this form and approve of all language, information, and privacy waivers listed as they pertain to my child. I approve of the YMCA conducting criminal and sexual offender background checks on my child. My child has my full approval to participate in the LIT program. I understand that my child will be living in a cabin with other campers and two staff members. I understand that my child may leave the camp property under the supervision of a staff member and give my permission for this to occur. I certify that I have read the "Dear LIT Applicant and Parent" Letter, and that I understand my child may not be accepted into this program. I understand that if accepted as a LIT, my child may not be asked to stay on as a volunteer after the program ends. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily sign this application.

Signature of Parent _____ Date _____

Please note the following:

1. No camper will be admitted to camp without a completed Hi-Rock medical form documenting: a) a physical examination conducted within one year prior to attendance at camp & signed by a physician, b) a completed vaccination record showing current compliance with Massachusetts Public Health Code, and c) a copy of health insurance information.
2. The balance of all camp fees is due by May 1. After May 1, fees are only refundable if the camper is unable to attend for medical reasons verified in writing by a physician. **LITs who leave due to homesickness or violation of the Camper Code of Conduct will not be given a refund.**
3. Financial Aid forms are available upon request.
4. Changes to this form must be made in writing and submitted to the office, including session dates, transportation requests, and emergency contacts.

Health and Safety Policy Highlights

1. Daily medical care is provided by the medical staff in accordance with our standing orders from our consulting medical practice, Macony P.C.. Our medical staff is available 24 hours a day. A sick call is available periodically throughout the day for mildly ill campers. First aid kits are kept in the program areas and the campers' living areas. They are also carried on hikes and overnight trips. The majority of first aid will be administered by the medical staff. The general staff will administer first aid when necessary. Individuals administering first aid are qualified in at least basic first aid. Staff members will call for assistance in any situation where procedure is unclear.
2. Medications of any kind, including over-the-counter medications and vitamins, can only be administered with a current and complete YMCA Camp Hi-Rock Medication Administration Release form, signed by both the parent / guardian and the prescribing physician. All medications will be locked in the camp infirmary. All administration of medication will take place under the direct supervision of camp medical staff. Should a medication be required to be kept on the camper's person, a physician must provide a written authorization for the medication to be with the camper at all times (usually in the case of albuterol or epinephrine). YMCA Camp Hi-Rock has standing orders to administer some typical over-the-counter medications as deemed necessary by our medical staff, including Acetaminophen (Tylenol), Benadryl, milk of magnesia, oxygen, VoSol (ear drops), oral glucose, Chloraseptic, activated charcoal, and others as deemed necessary by our consulting physicians.
3. Emergency medical care is administered by the medical staff and, if necessary, campers will be transported to a hospital or doctor's office as necessary for further treatment. In the case where the camp emergency vehicle is inadequate given the patient's needs, or in any other case deemed necessary by camp staff, the Emergency Medical System will be activated.
4. The camp must comply with the regulations of the State of Massachusetts Department of Public Health and be licensed by the local Board of Health.
5. Copies of our background check, complete health care and discipline policies and our procedures for filing grievances may be made available to parents upon request.

Strong Kids Campaign:

At YMCA Camp Hi-Rock, we are able to offer a quality traditional camp experience at a reasonable price because of our annual support campaign. The money raised helps fund all youth programs offered at Camp Hi-Rock, it also bolsters our strong financial assistance fund. Please consider contributing to this effort to help maintain a strong camp for all children.

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YTEENS™

We build strong kids, strong families, strong communities.