



CILT APPLICATION

Contact Details

Name: _____ Phone: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Grade completed as of June prior to Camp: _____

Your Church: _____ Church Phone: _____

Church's Email Address: _____ City: _____ State: _____ Zip: _____

Number of years at NeKaMo Camp _____ *(All CILTSs must have been a camper for at least two years at NeKaMo Camp prior to beginning the CILT program; more is helpful).*

Personal Qualities

Describe your leadership experiences (include, church, camp, school, and work):

How and when did you become a Christian and what does it mean in your daily life?

What have you done in the past year to grow spiritually?

Why do you want to be a CILT?

References

All CILT applicants are required to obtain three references. Please complete the reference form for each reference listed below.

1. Parent or Guardian (pages 4-5)

Name: _____ Phone: _____

Full Address: _____ City: _____ State: _____ Zip: _____

Parental Agreement: As parent/guardian of this applicant, I have read the materials and understand the 2-year commitment involved with the CILT program. Should she be accepted into the program, I give my daughter permission to participate in all the CILT activities and to communicate with the CILT Coordinator and CILT Instructors both on-line, by mail and on the phone.

Parent/ Guardian Signature: _____

2. Church Pastor/Youth Pastor or Director of Christian Education (pages 6-7)

Name: _____ Phone: _____

Full Address: _____ City: _____ State: _____ Zip: _____

3. Third Reference (pages 8-9) -- This should be someone who has observed you in a position of leadership (e.g. Sunday School Teacher, Camp Counselor, School Advisor, or Work Supervisor).

Name: _____ Phone: _____

Full Address: _____ City: _____ State: _____ Zip: _____

Declaration

I have read the qualifications and guidelines of the CILT program and I am aware of the work involved. I accept my role as an example to younger campers and agree to uphold and obey camp policies, to cooperate with the director and other staff members, and to put the best interests of campers and the camp before my personal desires:

Signature of CILT applicant: _____ Date: _____

Please return completed application to:

Debbie Morris

2029 E Cherokee Ln

Olathe, KS 66062

Dmorris1984@sbcglobal.net

913-219-2298



Camper in Leadership Training Email Permission Form

During the year the CILT coordinator and instructor(s) occasionally email the CILT in order to give information about the program or set up a CILT weekend.

We know that there are rules, published by COPA (Commission on Online Child Protection), which “prohibit dissemination of material that is harmful to a minor by computer.”

Therefore, in order to guard our good standing with you, and being more cautious than required, we are asking that you fill out this form, giving us permission to email your daughter.

Campers Name: _____

Camper’s Email Address: _____

Parent’s Name (Printed): _____

Parent’s Phone: _____

Parent’s Email Address: _____

I give permission to NeKaMo Camp, a CEDARBROOK CAMP, staff associated with the CILT program to email the above named camper.

Signature _____

Relationship to Camper _____

Please return this form to:

Debbie Morris
2029 E Cherokee Ln
Olathe, KS 66062
Dmorris1984@sbcglobal.net
913-219-2298



CILT REFERENCE – Parent or Guardian

Note to CILT Applicants

To complete your application to the CILT program, you must have three references completed and sent to the CILT coordinator. For confidentiality reasons, we can only accept references when they are sent in directly from your reference.

Note to those Referring Applicants to the CILT Program

Thank you for taking the time to complete this reference. It helps us in the application process for the CILT program as well as learning how to best serve each individual CILT. We would appreciate if you would complete this as honestly as possible. All information is kept in confidence.

Name of Reference: _____

Email Address: _____

CILT Applicant: _____

How long have you known the applicant? _____

Relationship to CILT Applicant: _____

Please indicate by check the aptitudes and characteristics of the applicant:

Aptitudes and Characteristics	Outstanding	Above Average	Average	Below Average	Poor
Emotional Maturity					
Organizational Maturity					
Ability to Work with Younger Children					
Responsiveness to Supervision					
Ability to Make Wise Decisions					

When have you seen this applicant display leadership abilities? Please comment.

Please comment on the applicant's Christian maturity.

Please comment on the applicant's ability to motivate/teach others, and maintain a supportive attitude in various situations.

Do you have any reservations about this applicant being accepted in the CILT program, or other comments regarding the applicant?

Please circle the character traits that best describe the applicant:

Flexible	Stubborn	Respectful	Confident	Empathetic	Lazy
Patient	Intolerant	Leader	Withdrawn	Follower	Undisciplined
Resistant	Prompt	Competitive	Unpredictable	Enthusiastic	Teachable
Predictable	Adaptable	Moody	Cheerful	Strong-Willed	Gentle
Independent	Shy	Considerate	Disciplined	Depressed	Easily Discouraged

Additional Comments:

Signature: _____ Date: _____

Please return reference prior to May 1 to:

Debbie Morris
2029 E Cherokee Ln
Olathe, KS 66062
Dmorris1984@sbcglobal.net
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CILT REFERENCE – Church Pastor/Youth Pastor or Christian Education

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Additional Comments:

Signature: _____ Date: _____

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CILT REFERENCE – Third Reference - Leadership

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Email Address: _____

CILT Applicant: _____

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Relationship to CILT Applicant: _____

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