



Gretna Glen Camp & Retreat Center CAMPER IN LEADERSHIP TRAINING (CILT) APPLICATION

MISSION

The Mission of the Eastern Pennsylvania United Methodist Camp and Retreat Ministries is to provide transforming experiences in sacred spaces within God's creation that bring diverse people to new and renewed life in Jesus Christ.

The Gretna Glen Camper In Leadership Training (CILT) program exists for youth age 14-17 to develop as Christian leaders and grow as potential future camp staff. CILTs serve in a commuting role with day camp or overnight with young children's programs for one or sometimes two weeks in the summer.

General Qualifications for Campers in Leadership Training

- Affirm personal faith in God, our Father, in Jesus Christ, our Savior, and in the Holy Spirit, our Guide and Sustainer.
- minister wherever Christ would have you, as a part of the Body of Christ.
- Participate actively in a local church or college fellowship and be recommended by a local pastor. Work cooperatively with other staff members and volunteers in a close-knit team relationship.
- Attend all scheduled training events.
- Be committed to participation in all aspects of the camping program, and be willing to make all necessary preparations for the Christian Camping experience.
- Accept and act in accordance with the principle that campers are our guests, and that all CILT actions are to be directed toward the fulfillment of programmatic objectives and the facilitation of an enriching, faith-enhancing experience for each individual camper.

APPLICATION INFORMATION

Camper Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Age _____ CILT Email _____

Camper Lives at address below with (check all that apply): Mother _____ Father _____ Guardian _____ Other _____

Street Address: _____ City _____ Zip _____

Parent/Guardian Name _____ Parent Email _____

Home Phone: (____) _____ Primary Contact Cell: (____) _____

EDUCATION: School currently attending: _____

Grade/Class finished by June 2017 (check one) 8th Grade Freshman Sophomore Junior Senior

CHURCH AFFILIATION: Name of church/fellowship you currently attend:

Pastor's/Leader's Name: _____ Phone Number: (____) _____

Address: _____

ACTIVITIES:

Please list any extracurricular activities with which you are currently involved.

CAMP EXPERIENCE:

What prior camp experience do you have? List camp, year, program name, and position (CILT or Camper)

<u>Camp & Year</u>	<u>Program Name</u>	<u>Position</u>
1.		<input type="checkbox"/> Camper <input type="checkbox"/> CILT
2.		<input type="checkbox"/> Camper <input type="checkbox"/> CILT
3.		<input type="checkbox"/> Camper <input type="checkbox"/> CILT

REQUIRED REFERENCES:

Please list two people-- (examples - school teachers/professors, Sunday School teachers, youth pastor, supervisor and/or co-workers, coaches, church members, neighbors, etc).

Please do not use relatives.

Give complete Name, Phone Number and Email.

<u>Name</u>	<u>Phone #</u>	<u>Email</u>
1.		
2.		

Have you ever been convicted of an offense against state or federal law? No___ Yes___
(If yes, please give brief details and disposition below. An affirmative answer is not necessarily an automatic denial of employment).

BIOGRAPHICAL SKETCH: (Feel free to attach an additional page, if needed)

1. Briefly describe why you feel called to serve at Gretna Glen?
2. What God given gifts/abilities/talents will you bring to this ministry?
3. Briefly describe your faith and walk with Jesus Christ (testimony) and how Jesus Christ is apparent in your everyday life.
4. Camp is drug, alcohol and tobacco free, are you able to abide by those rules?

CILT NAME: _____

CILT Training will be: May 19-21, 2017

ALL CILT's must go through a training program. At training CILTs experience Christian community, develop leadership traits, learn programming skills, spend time in faith formation and get the overview of their role.

If you have attended the CILT training in previous years please call the office to see if you need to come again.

- I am able to attend the CILT Training Events and will register online.
- I cannot attend training event and will contact the office to make other arrangements.

PROGRAMS AVAILABLE: Please number the weeks, from 1 to 4, that you are available to serve in order of preference (1 being the highest and 4 the lowest). Gretna Glen will confirm availability before having you register a CILT for the specific event. **CILT's must be two (2) years older than any camper in the program they wish to serve.** Fees for CILTs are \$50.00 for day camp programs and \$100.00 for overnight programs.

DAY CAMP

Monday-Friday, 8:30am-4:30pm

CILT's ages 14-17

- __ June 18-23: Super Sloppy
- __ June 25-30: Ultimate Sport & Water Fun
- __ July 2-7: All About Animals
- __ July 9-14: Superheroes in Training
- __ July 16-21: Color Crazy
- __ July: 23-28: Wet & Wacky
- __ July 30- Aug 4: Music Makers
- __ July 30- Aug 4: Around the World

3rd-7th Grade Overnight Programs

Sunday to Friday

CILT's ages 16-17

- __ June 18-23: Zoo Keepers
- __ June 18-23: Talent Seekers
- __ June 25-30: Night Owls
- __ July 9-14: Totally Awesome Random Fun II
- __ July 16-21: Adventure Seekers
- __ July 23-28: Totally Awesome Random Fun II
- __ July 30-Aug 4: Off the Wall
- __ July 30- Aug 4: Musical Mania

1st-3rd Grade Overnight Programs

Sunday to Wednesday/Thursday

CILT's ages 14-17

- __ June 25-29: Mini Adventures
- __ July 9-14: Totally Awesome Random Fun
- __ July 16-21: My Early Camping Adventure
- __ July 23-28: Totally Awesome Random Fun
- __ July30-Aug 4: My Early Camping Adventure

For Office Use Only

Approved Program _____

Date _____

Child abuse is a serious criminal offense. As a camp volunteer, you may have the responsibility of caring for and leading children. Your duties will be very important and also challenging. Please read the following statement with regard to your duties concerning child abuse.

“I hereby understand and agree that it is my duty under the law, and as a representative of Jesus Christ, to avoid, prevent and report the abuse (physically, verbally or sexually) of any child under my care, in an effort to provide quality development in a Christian camp setting.”

Signature: “In signing this application, including attached sheets, I affirm that all questions have been answered completely and accurately. I promise, if accepted as a Camper in Leadership Training, to be subject to the standards of the camp. I understand that by giving my time and talent that I am serving Jesus Christ.”

Applicant’s signature: _____ Date: ____/____/____

I give my permission for _____ to attend the above listed 2016 summer camp event(s) as a Camper in Leadership Training with the Eastern Pennsylvania Conference-UMC/Gretna Glen Camp.

I acknowledge my responsibility for payment in full is due to the Gretna Glen Camp office one week prior to the event. When Church Payment, Agency Payment or Scholarship is requested, I continue to realize that ultimate responsibility is mine until verification from the other sources has been confirmed in the camp office.

Upon signing, permission has been granted for Gretna Glen Camp to use photos and video images of the camper for publicity purposes. This could include, but is not limited to, brochures, flyers, newspaper, and use on the camp website. If you do not agree to this, you must make your request known in writing at the time of registration.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

(Grandparents or other relatives may not sign unless they are the legal guardian of the camper).



Please return your application to:
Program Manager
Gretna Glen Camp & Retreat Center
87 Old Mine Road
Lebanon, PA 17042
(717) 273-6525
program@gretnaglen.org

