



## **Leaders Camp Application**

<b>Name:</b> _____	<b>Date of Birth:</b> _____
<b>Address:</b> _____	<b>City:</b> _____
<b>Home Phone Number:</b> _____	<b>Email:</b> _____
<b>School Attending:</b> _____	<b>Grade:</b> _____
<b>Mother's Name:</b> _____	<b>Phone Number:</b> _____
<b>Father's Name:</b> _____	<b>Phone Number:</b> _____

**Why do you want to attend Leaders Camp?**

**What do you expect to learn from Leaders Camp? (How will it benefit you?)**

**What part of the Leaders Camp are you most excited about?**

**What part of the Leaders Camp are you most nervous about?**

**Everyone makes mistakes, but what is important is to learn from your mistakes. Tell us about a time when you made a bad decision and what you learned from that experience.**

**What are three words that best describe your personality?**

**What leadership traits do you feel you personally need to work on?**

**Please describe something you have done at school, home or elsewhere that you are particularly proud of and why.**

**Who is one person you truly respect as a leader? Why?**

**Moving from a Day Camp to the Leaders Camp can be difficult for some. There are high expectations that the Leaders will be role models in camp and put 110% into helping others and learning from new experiences. What about yourself tells you that you are ready to take on this challenge? (Please be specific and give examples.)**

**What weeks would you be interested in attending?**

**Statement of Commitment**

I understand that if I am admitted to the Leaders Camp, it is on a trial basis. I further understand that in order to remain enrolled in Leaders Camp, I must do the following:

- **Maintain a Good Attitude**
- **Serve as a Positive Role Model**
- **Demonstrate the YMCA Character Development Traits of Caring, Honesty, Respect and Responsibility.**

I understand that, should I not be able to behave in the expected manner, I will be removed from the Leaders Camp, without a refund.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please return this application to Trisha Dunaway at the  
Stateline Family YMCA  
9901 Main Street  
Roscoe, IL 61073  
815-623-5858