

# Leadership Development Program Application

Check which program are you applying for:

LDP in New Hampshire \_\_\_\_\_ WILD in Maine \_\_\_\_\_

Please note: To be accepted, an applicant must complete this application in its entirety, including medical information and authorization signatures.

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address ( if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's cell \_\_\_\_\_

Mother's E-mail \_\_\_\_\_ Father's E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Citizenship \_\_\_\_\_

Are you an exchange student? \_\_\_\_\_

School: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal's Name \_\_\_\_\_

Teacher providing Reference \_\_\_\_\_

School Type: Public \_\_\_\_\_ Private \_\_\_\_\_ Parochial \_\_\_\_\_

## BIOGRAPHICAL INFORMATION

Birthday \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

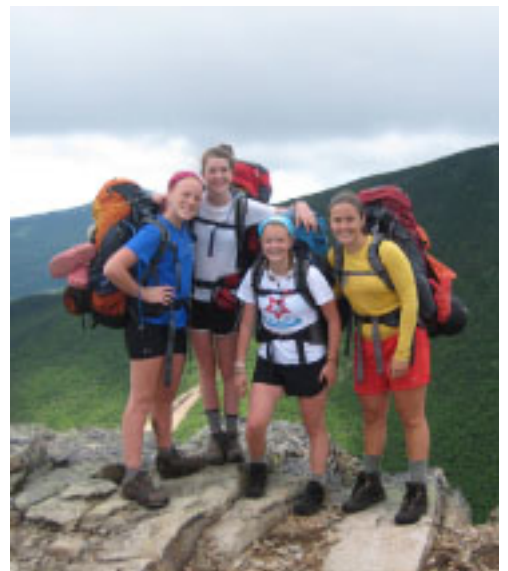
Current Year in School: \_\_\_\_\_

How did you hear about the Leadership Program? (mark all that apply)

Parent/relative \_\_\_\_\_ Alumni \_\_\_\_\_

Personal friend \_\_\_\_\_ Camp brochure \_\_\_\_\_

Other \_\_\_\_\_



This section must be completed for your application to be considered:

Grade Point Average : \_\_\_\_\_ on a \_\_\_\_\_ point scale  
(must be a minimum of C to be accepted - or a 2.0 when computed on a 4.0 scale)

### **CO-CURRICULAR INVOLVEMENT**

Please list all activities or organization that you have be involed with, including the number of hour / week, the number of years and note if you were in a leadership position:

School Activitys:

Church or Community Activities:

Please list any international travel experiences:

### **WORK AND VOLUNTEER EXPERIENCE**

Please describe any paid or unpaid volunteer experience, noting the years worked and the number of hours spent per week.

### **REFERENCES**

1. \_\_\_\_\_

2. \_\_\_\_\_

Describe what you think you will bring and contribute to the leadership program group. Also, what do you hope to gain from your 2 summer experience? What would be your goals?

Please discuss your spiritual journey, recounting when and how you became a Christian.

Who is Jesus Christ? How does your relationship with him impact your daily life?

## MEDICAL INFORMATION

Please complete the entire medical section, explaining in detail any pertinent considerations.

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Parent's health insurance company and policy # : \_\_\_\_\_

Do you have any medical considerations of which we should be aware? Yes \_\_\_\_\_ No \_\_\_\_\_

Physical Handicaps? No \_\_\_\_\_ Yes (specify) \_\_\_\_\_

Vision problems? No \_\_\_\_\_ Yes (specify) \_\_\_\_\_

Dietary needs? No \_\_\_\_\_ Yes (specify) \_\_\_\_\_

Any other problems? No \_\_\_\_\_ Yes (specify) \_\_\_\_\_

Has the applicant seen a Counselor (therapist, psychiatrist) in the past 5 years?

No \_\_\_\_\_ Yes \_\_\_\_\_

If "yes", please describe the circumstances on a separate document.

Do you have any reactions to medications? No \_\_\_\_\_  
Yes (specify) \_\_\_\_\_

Have you had any recent illness? No \_\_\_\_\_  
Yes (specify) \_\_\_\_\_

Are you presently on any medication? No \_\_\_\_\_  
Yes (specify) \_\_\_\_\_

Have you ever been hospitalized? No \_\_\_\_\_  
Yes (specify reasons and dates )

Date of last Tetanus Toxoid (recommended to be within previous 5 years) \_\_\_\_\_

Has the applicant a history of the following?

*Allergy, Kidney Disease, Eating Disorders, Frequent Headaches, Hypoglycemia, Allergies, Diabetes, Seizure Disorder, Heart Diseases, Frequent Nausea or Indigestion, Other Neurological Disorders, Rheumatic Fever, Lung Disease, Menstrual Disorder, Emotional Instability, or Other medical condition we should be aware of?*

Please provide detailed remarks below for any of the above conditions. Be sure to include relevant dates, medications, and any necessary provision for needs.

## **Notice of Risk**

We are aware that during the LDP or WILD certain risks and dangers may occur which are out of the control of the instructors. We further realize that the participant will be participating in activities which are by nature dangerous and in which the risk of harm may be greater than one's normal way of life, and the participant will be in remote places without ready access to medical facilities. In consideration of and for the participant's right to participate in such activities, we have and do hereby accept all of the above risks.

We also acknowledge the fact that the instructors have the right to terminate the participant's participation in the program because of health or physical condition. We agree that the decision of the instructors and the camp director shall be binding upon all of the parties concerned.

**We recognize LDP or WILD necessitates a two summer commitment in terms of participation and financial obligation.**

Christian Camps & Conferences, Inc. , subject to the above assumed risks and statement of responsibilities, assumes the responsibility for the care and supervision of the participant from his/her arrival at Camp Brookwoods/Deer Run in Alton, New Hampshire through his/her departure. I/We release and hold harmless Christian Camps & Conferences, Inc. and its employees and Board of Directors from and against any claims whatsoever.

Each of the undersigned has carefully read all the above statements and, with full understanding of the terms, consents to the participation of \_\_\_\_\_ in accordance with the standards, rules, regulations of the Leadership Development Program and Christian Camps & Conferences, Inc.

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Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed application to : **Leadership Development Programs  
Christian Camps and Conferences, Inc.  
34 Camp Brookwoods Road  
Alton, NH 03809**