

WILLIAM LAWRENCE CAMP

P.O. Box 52, 139 Federal Corner Road
Ctr. Tuftonboro, NH 03816
Ph: (603) 569-3698
knoll@wlcamp.org



2020 LEADER IN TRAINING APPLICATION

Name _____ Date of Birth _____
(optional) Month in words / day / year

Current Address _____
Street Address City

State/County Postal Code Country
Home Telephone (_____) _____ - _____ Your Mobile Phone (_____) _____ - _____
Area Code Area Code

Your E-mail Address _____ Your Parent's Email Address _____

In an emergency, please notify _____ Relationship _____

Address _____
Street Address City

State/County Postal Code Country
Telephone (_____) _____ - _____ Mobile Phone (_____) _____ - _____
Area Code Area Code

Circle one: I am available from June 27 through August 15 I am only available from June 27 through August 1

Education (high school)

Current Grade	School

Camp Experience (Camper or Staff)

Dates	Camp	Director	Address	Camper or Staff

ESSAY

Please attach to this application an essay outlining why you feel you should be accepted into the LIT program. Keep in mind that you will be caring for children, assuring their health, safety and well being. You will be teaching children various camp activities. In all that you do at camp, you will be a role model to the campers. You will be expected to enthusiastically follow through on all assignments and embrace the opportunity to learn how to be an effective counselor in future years.

Date: _____ Signature: _____

All statements become part of any future employee personnel files.

Please see side 2 for Activities preferences and activities list.

