



## CAMP CHERITH® of Western New York CILT APPLICATION

**Return to:**  
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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade completed in June \_\_\_\_\_

Your Church \_\_\_\_\_ Address: \_\_\_\_\_

Church phone \_\_\_\_\_ Number of Years at Camp Cherith \_\_\_\_\_

### Please answer questions 1-5. (Use the back of this page or another sheet as needed)

1. Describe your leadership experiences. (include club, church, school, and work)
2. How does someone become a Christian? (include scripture in your answer)
3. What does being a Christian look like in your daily life? Please include specific habits and spiritual disciplines that are part of your daily routine (praying, Bible reading, etc.)
4. Please tell about any experiences you've had in the past year that have caused you to grow in your faith and develop a closer walk with Jesus.
5. Write a paragraph explaining why you want to be in this CILT program and why it would be important to you to complete the program and graduate from CILT.

### References

Please list three people that we may contact. (Pastor, club or youth leader, coach, or teacher) You need to give the CILT recommendation form to 2 of these people. One must be given to a pastor or spiritual mentor. No relatives please.

1. **Name:** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail: \_\_\_\_\_

2. **Name:** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail: \_\_\_\_\_

3. **Name:** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail: \_\_\_\_\_

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, cooperate with the director and other staff members, and sacrifice personal desires for the best interests of the campers and the good of the camp.

Signature of CILT applicant \_\_\_\_\_ Date \_\_\_\_\_