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## YMCA CAMP TYCONY LEADER-IN-TRAINING PROGRAM

Dear Leader-in-Training Applicant & Parent/Guardian:

Thank you for your interest in our Leader-in-Training (LIT) Program. Before you decide to apply to the program, I would like for you to review all of the information enclosed in this packet.

The enclosures are as follows:

- **LIT PROGRAM INFORMATION:** A general description of the program, duties, qualifications, and cost.
- **LIT PROGRAM APPLICATION:** Please complete the application and return to the YMCA as soon as possible. To aid us in your selection, please fill out the application with as much detail as possible.
- **LIT PROGRAM POLICIES:** LITs will be expected to adhere to the policies listed at all times. It is important to understand that LITs are still campers, therefore, it is important that these policies be reviewed by both the applicant and their parent/guardian(s). Failure to follow these policies may result in removal from the LIT Program.
- **LETTERS OF RECOMMENDATION:** Please have three references fill out and return these forms. These letters are extremely important to our review process. References may include teachers, coaches, employers, or youth group leaders. Relatives may not serve as a reference.

Once you have submitted a completed application and your three letters of recommendation have been received, you will be contacted regarding an interview. You may return this application to the Downtown YMCA front desk, via mail or email. Letters of recommendation should be returned enclosed in an envelope to the Downtown YMCA.

Please note that submitting an application and letters of recommendation does not guarantee a spot in our LIT Program. All applicants must attend an interview with our Camp Director (Peggy Demchak) and Assistant Director. Selections will be determined by our camp administrators and our LIT Facilitator.

**Please return documents to:** A.J. Edwards, Kokomo Family YMCA, 114 N Union St., Kokomo, IN 46901 or [aj.edwards@kokomoymca.org](mailto:aj.edwards@kokomoymca.org).

Sincerely,

A.J. Edwards  
Assistant Camp Director



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## YMCA CAMP TYCONY LIT PROGRAM INFORMATION

The Leader-in-Training (LIT) Program at YMCA Camp Tycony is designed for campers going into their freshman or sophomore year of high school. **LITs are campers** in leadership training and are not considered to be staff members during the program. However, LITs are afforded unique privileges, responsibilities, and requirements than our other campers. LITs will participate in workshops and experiences crafted to build their leadership abilities, increase their skill competencies, build their self-esteem, and educate them about the needs of children. LITs will also attend a variety of YMCA-led trainings, including CPR and First Aid, Group Work, Communication, Child Abuse Prevention, Child Development Stages, the Mission of the YMCA, and more.

In addition to participating in LIT group projects and seminars, LITs will also spend time with our groups each day. This will allow them to work directly with our younger campers, while also learning from group counselors and other staff. During this time spent with groups, LITs will be in training, but will also be expected to help lead activities. LITs will never have the responsibility for supervising a group of children.

Throughout the program, our LITs will be evaluated by their peers and YMCA staff, and will be given constructive feedback to help them become aware of both their strengths and their areas of growth. Being able to receive both compliments and constructive feedback is crucial for growth as leaders.

### QUALIFICATIONS

- Going into 9th or 10th grade in the fall.
- Sincere interest in working with children as a positive role model.
- Be able to model the YMCA's core values of Caring, Honesty, Respect and Responsibility.
- Evidence of ability to accept guidance and supervision.
- Evidence of good communication skills.
- Evidence of ability to adhere to rules and regulations.
- Enthusiasm, patience, initiative and sense of humor!
- Complete the LIT application, have three letters of recommendation submitted and successfully interview.

### EXPECTATIONS

LITs are expected to follow all YMCA rules and regulations. LITs will also be expected to model our LIT Code of Conduct at all times:

- LITs must behave in a manner toward others and their environment that demonstrates the YMCA's four core values: Caring, Honesty, Respect and Responsibility.
- LITs must understand that they are not staff members, but are still campers.
- LITs may not use their cell phones or other electronic devices while at camp.
- LITs are expected to follow all instructions issued by Y staff.
- LITs may not use disrespectful or vulgar language.
- LITs must stay with their designated group at all times.
- Bullying of any kind will not be tolerated.

The weekly rate for the LIT Program is \$75.00. LITs do not need to come to camp every week, but should plan to attend at least five or six weeks. LITs should arrive at Camp Tycony by 9:00am each day and plan to stay until at least 4:00pm.



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# YMCA CAMP TYCONY LEADER-IN-TRAINING APPLICATION

## LIT APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ (adult sizes only)

High School: \_\_\_\_\_ Grade Level in Fall: 9th Grade 10th Grade

Allergy/Dietary/Medical Info: \_\_\_\_\_

*PARENT/GUARDIAN: Please list any known allergies/dietary or medical concerns that our staff need to be aware of for your LIT.*

## PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EMERGENCY CONTACTS / AUTHORIZED PICK-UP LIST

In addition to the parent/guardian(s) listed above, the following individuals are authorized to pick up my child from the YMCA:

Emergency Contact #1: Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Emergency Contact #2: Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Emergency Contact #3: Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## LIT PROGRAM POLICIES

Parent/Guardian(s): Please review these program policies with your applicant and initial/sign below:

\_\_\_\_\_ I understand that the YMCA of Kokomo's supervision of my child begins when my child is signed-in to the program by the parent or guardian.

\_\_\_\_\_ I understand that the YMCA of Kokomo's responsibility for my child ends when an authorized adult (over the age of 18) or myself has signed-out my child. I understand that the YMCA will only release my child to the parent/guardian and emergency contacts listed on this application. Photo ID will be required. I understand that I must provide, in writing, authorization for my child to be picked up by someone other than the individuals listed on this application.

\_\_\_\_\_ I understand our late pick-up policy is as follows: Beginning at 6:01pm, if I have not picked up my child yet, I will be charged \$1.00 per minute per child. I understand that all late pick-up fees must be paid in full prior to my child returning to camp or future YMCA of Kokomo programs. After three late pick-ups, your family will be dismissed from the program.

\_\_\_\_\_ I understand that the YMCA of Kokomo is mandated, by state law, to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

\_\_\_\_\_ I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for my child's safety, YMCA staff may have no recourse but to contact the police or sheriff's department.

\_\_\_\_\_ I understand that LITs will be expected to participate in swimming/aquatic activities in our Aquatic Center pools. LITs will participate in an aquatic safety course, led by YMCA staff. I authorize my child to swim in the YMCA of Kokomo pools.

\_\_\_\_\_ I understand that if my child has an allergy that requires an EpiPen, I must provide one to stay onsite at all times and 911 will be called in the event of an allergic reaction. I will also have my child's physician fill out the YMCA's Anaphylaxis Emergency Care Plan form and return prior to my child's first day at the YMCA OST/Day Camp Program. This form can be downloaded from our website or at the Downtown YMCA front desk.

\_\_\_\_\_ The YMCA of Kokomo agrees to keep the parent/guardian informed of any incidents, including illnesses, injuries, exposure to communicable diseases, and behavioral concerns.

\_\_\_\_\_ I understand that before any medication is dispensed to my child, I must fill out a Medication Authorization Form. Medication will only be administered by YMCA administrators or trained staff.

\_\_\_\_\_ I understand that neither the YMCA of Kokomo, nor its agents, officers, directors, employees, or volunteers, can be held responsible in the event of an accident, injury, or death of my child. I understand that all precautions will be taken to ensure the safety and health of my child.

\_\_\_\_\_ My child will be sent home if he/she has a temperature of 100.4 degrees or higher. I will keep my child home if he/she has a fever, rash, diarrhea, or vomiting in a previous 48-hour period. If my child is sent home for any reasons previously mentioned, he/she cannot return to the program for 48-hours.

\_\_\_\_\_ I understand that YMCA of Kokomo staff and volunteers are not allowed to communicate with, babysit, or transport children at any time outside of the YMCA program.

\_\_\_\_\_ I am financially responsible for intentional damage to equipment and/or facilities caused by my child.

\_\_\_\_\_ I understand that there is no compensation for my child participating in the YMCA of Kokomo's Camp Tycony LIT Program. I also understand that the LIT Program comes with a weekly fee of \$75.00 and payments are due Fridays for the following week.

\_\_\_\_\_ I understand that admission to the LIT Program does not qualify my child as a staff member of the YMCA of Kokomo. I am aware that LITs are considered campers of Camp Tycony.

\_\_\_\_\_ I have read the LIT Code of Conduct, and my child agrees to follow the Code of Conduct at all times.

\_\_\_\_\_ I understand that my child must be transported to/from YMCA Camp Tycony each day by a parent or legal guardian.

\_\_\_\_\_ I understand that the YMCA of Kokomo is not responsible for lost, stolen or damaged personal belongings. I am aware that it is noted in the LIT Code of Conduct that LITs may not have a cell phone or other electronic device with them while at Camp Tycony.

\_\_\_\_\_ I understand that my child must follow all YMCA of Kokomo rules, regulations and safety protocols while at Camp Tycony. My child will behave in a mature and thoughtful manner at all times. My child will serve as a positive role model, avoiding all profanity and lewd remarks/conduct. My child will follow all instructions of YMCA staff members. My child will wear appropriate clothing and attire at all times.

\_\_\_\_\_ I understand that the YMCA and Camp Tycony are alcohol, drug and tobacco free properties. My child will not use alcohol, illegal drugs, or tobacco products while in the LIT Program. Vapes/e-cigarettes are also prohibited.

\_\_\_\_\_ I understand if I, or my child, fails to adhere to these, or any YMCA policies, my child may be dismissed from the LIT Program.

I hereby give permission for my child to participate in camp activities and to travel by bus with the YMCA of Kokomo staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the YMCA, and that there will be at least one YMCA employee present at all times. I agree to release the YMCA of Kokomo, its agents, officers, directors, employees, and volunteers from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation on YMCA bus trips.

**Agreement to Adhere to the Policies/Procedures and Expectations:** I acknowledge that the above referenced child and I have read and discussed the established policies and procedures and behavioral expectations as stated in the LIT Program packet. Further, we agree to abide by these policies and procedures and behavioral expectations and understand that failure to do so could result in dismissal from the LIT Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO/VIDEO RELEASE

I authorize the YMCA of Kokomo to use photos, images, and video of my child in any publication affiliated with the YMCA or with any news service for publicity, including, but not limited to, program newsletters, fundraising brochures, press releases to local newspapers, social media, and the YMCA of Kokomo's website. I understand and agree that there will be no compensation for use of these materials. This release shall continue in effect until I send in written notice to terminate the use of any photo, image, or video of my child. Such termination shall not affect the use of photos, images, or videos before the notice of termination.

INITIAL: \_\_\_\_\_ (LEAVE BLANK IF AUTHORIZATION NOT GRANTED.)

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby certify that my child (named in this enrollment form) is in normal health and capable of safe participation in the program in which he or she is enrolling. I further give permission for my child to be given emergency medical treatment by a Young Men's Christian Association of Kokomo, Indiana ("YMCA") staff member until parents can be reached and be present and/or emergency care arrives for treatment. In case of emergency, I understand that my child will be transported to St. Vincent Ascension Hospital or Community Howard Regional Health Hospital by local emergency ambulance services for treatment, if YMCA staff deem it necessary. In the event that I cannot be contacted, I further consent to the medical, surgical and/or hospital care to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health. It is understood that some medical situations will require YMCA staff to contact local emergency resources before the parent(s), child's physician and/or adults acting on the parent's behalf. I understand any costs incurred related to my child's medical treatment are not the financial responsibility of the YMCA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARTICIPATION WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

### ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses, and personal injuries inherent in participating in the Young Men's Christian Association of Kokomo, Indiana (hereinafter "YMCA")'s programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its agents, officers, directors, employees, and volunteers assume no responsibility for loss, damage, illness, death, or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, archery, field trips, waterfront and pool activities/swimming, canoeing/boating, campfires, hiking, challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses, death, and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

### RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its agents, officers, directors, employees, and volunteers from and against any and all rights and claims for any loss, damage, illness, death, or injuries to person or property sustained as a result of my or my minor child(ren)'s or ward(s)' attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage, death, or injury results from the negligence of the YMCA and/or its agents, officers, directors, employees, or volunteers or from some other cause.

### INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participation Waiver of Liability and Indemnity Agreement on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as a parent, guardian, or legal representative. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class, or other activity as set forth herein, I agree to indemnify, hold harmless, and defend the YMCA from and against any and all liability, claims, losses, costs, expenses, or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness, death, or injury to person or property whether or not such loss, damage, illness, death, or injury results from the negligence of the YMCA or from some other cause.

### ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participation Waiver of Liability and Indemnity Agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# COVID-19 WAIVER

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in the Young Men's Christian Association of Kokomo, Indiana Inc. ("YMCA of Kokomo") Programs, now or at any time in the future.**

### Acknowledgment of Risk

I and the Releasing Parties (defined below) hereby acknowledge and agree that participation in YMCA of Kokomo activities comes with inherent risks. I and the Releasing Parties have full knowledge and understanding of the inherent risks associated with YMCA of Kokomo membership and/or program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I and the Releasing Parties further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA of Kokomo membership and/or program participation and that said list in no way limits the operation of this Agreement.

### Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA of Kokomo membership and/or programs or accessing the YMCA of Kokomo facilities could increase the risk of contracting COVID-19.** The YMCA of Kokomo in no way warrants that COVID-19 infection will not occur through participation in the YMCA of Kokomo programs of accessing YMCA of Kokomo facilities.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in YMCA of Kokomo membership and/or program, I, the undersigned, on behalf of myself, my heirs, representatives, executors, administrators, and assigns and all members claiming under my membership, including but not limited to my spouse, family members, significant other, and other minors claiming under my membership (collectively, "Releasing Parties") agree to release HEREBY DO RELEASE the YMCA of Kokomo, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I or the Releasing Parties may have, now or in the future, against YMCA of Kokomo on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA of Kokomo facilities/equipment or participation in YMCA of Kokomo membership and/or programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in YMCA of Kokomo membership and/or programs, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my YMCA of Kokomo membership and/or program participation, including those from the Releasing Parties against the Releasees.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in YMCA of Kokomo membership and/or program participation and that I and the Releasing Parties are voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I or the Releasing Parties sustain while participating in YMCA of Kokomo membership and/or program and that by signing this agreement I and the Releasing Parties HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I and the Releasing Parties are in good health and have no conditions or impairments which would preclude our safe participation in YMCA of Kokomo membership and/or program. I further certify that I am over eighteen (18) years of age and am otherwise legally competent to sign this agreement and have authorization from all Releasing Parties sign this agreement on their behalf.

I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. IN WITNESS WHEREOF, this instrument is duly executed as of the date and time submitted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child (Program Participant) Name: \_\_\_\_\_

## OFFICE USE ONLY

**Checklist:**  Application Completed  Three Letters of Recommendation  Interview  Input in Daxko

**Decision:**  Accepted  Declined **Notified:** \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_



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# YMCA CAMP TYCONY LIT LETTER OF RECOMMENDATION

**CONFIDENTIAL**

LIT Applicant Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

The applicant listed above has applied for the Leader-in-Training (LIT) Program at YMCA Camp Tycony (a day camp located in Kokomo, Indiana). The LIT Program is for youth going into their 9th or 10th grade year of high school. LITs will attend leadership skills workshops, participate in trainings designed to help them learn what being a camp counselor is like, and assist in community service opportunities. Your honest response to the following questions about the applicant's character and ability would be most helpful. All information will be kept confidential. **Please return ASAP to the Kokomo Family YMCA (in-person, via mail or email). Thank you for your time.**

1. How long have you known the applicant?
2. What do you feel are the applicant's greatest strengths?
3. Please describe a time when the applicant showed initiative:
4. What behaviors could the applicant change to be more effective as a leader?
5. Please describe a time when the applicant had to respond to a high-stress situation or accept constructive criticism? How did they deal with it? What could they do to improve?
6. How would you describe their values and leadership style?
7. Please list any additional information regarding the applicant you think we should know:

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed letters of recommendation to: A.J. Edwards, Kokomo Family YMCA, 114 N Union St., Kokomo, IN 46901. Questions or want more info? Contact A.J. at 765-457-4447 or [aj.edwards@kokomoymca.org](mailto:aj.edwards@kokomoymca.org).  
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