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YMCA CAMP TYCONY 2022 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, we 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, and qualifications.
- **LIT PROGRAM APPLICATION:** Please complete the application and return to the YMCA as soon as possible. The application should be completed by a parent/guardian. LITs should complete the essay questions. 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.

You may return this application to the Downtown YMCA front desk, or you can mail or email it. Letters of recommendation should be returned enclosed in an envelope to the Downtown YMCA or scanned/emailed. All items should be submitted by Friday, April 1st. We will not consider applications without three completed letters of recommendation. LITs from last summer must submit a new application, but do not have to submit new letters of recommendation.

Please note that submitting an application and letters of recommendation does not guarantee a spot in our LIT Program. This is a highly-competitive program and we will limit spots this year to 20. Acceptance letters will be mailed out and emailed by Friday, April 15th.

Sincerely,

Camp Tycony Administration



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YMCA CAMP TYCONY 2022 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 Fall 2022.
- 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 and have three letters of recommendation submitted on time.

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.

There is no fee to participate in our LIT Program, and this is a volunteer opportunity only. LITs are expected to attend at least six weeks of the summer.



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YMCA CAMP TYCONY LEADER-IN-TRAINING APPLICATION

NOTE: Submitting this application does NOT guarantee admittance into the LIT Program. A parent/guardian must fill this out.

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 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 24-hour period. If my child is sent home for any reasons previously mentioned, he/she cannot return to the program for 24-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 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. Repeated violation will result in dismissal from the program.

_____ 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: _____

MINOR PARTICIPANT LIABILITY WAIVER

Minor Participant Waiver, Release, Indemnification of All Claims and Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF KOKOMO, INDIANA ("YMCA of Kokomo") FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR.

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Kokomo facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Kokomo programs and activities ("Programs") comes with inherent risk including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease, including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification and Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the YMCA of Kokomo, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease, or accident of any kind, arising out of or in any way related to the use of Facilities or participating in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print Clearly): _____



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YMCA CAMP TYCONY 2022 LIT ESSAY QUESTIONS

LIT Applicant Name: _____

Please answer the following questions in as much detail as possible:

1. Why do you want to participate in the Leader-in-Training Program?

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

3. Please tell us about your academic and extracurricular interests.



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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.
YOU MAY ALSO SCAN/EMAIL COMPLETED LETTERS TO A.J. EDWARDS.



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