

Camp Cedarwood

Barrington Baptist Church

25 Old County Road

Barrington, RI 02806

401-246-1782 (May-September) • 401-246-0188 (off-season)

cedarwood@bbcri.org

Camp Cedarwood is pleased to offer a **Teen Leadership Program** (Leaders In Training) for students entering grades 9 through 11. The goal of this program is to provide these students with basic leadership skills which are transferable to any environment and will serve them well in the future. We will also be encouraging each LIT in their growing relationship with Christ. The application process will help us to ensure the applicant's desire to be trained as the next generation's leaders, and as responsible young people serving the Lord.

Camp Cedarwood's administration will choose a group of 8-10 teens for each week to give them a combined experience of training and practicing for leadership opportunities while still enjoying the camp experience. LITs will learn camp program development, Christian leadership and service, child care skills, communication skills, team building, and other life skills that will prove useful as they grow into young adults. Please note: There may be some repetition of skill-building activities if a teen applies for several weeks, but the staff will work to make the program challenging for all.

Camp Cedarwood LITs will have a counselor of their own, experienced in working with high school students and devoted to guiding them in their training, both spiritually and practically. LITs must possess a positive attitude, a willingness to learn, a desire to participate, and a heart for the Lord.

On the application, please CIRCLE any weeks you would like to attend, however weeks fill up quickly and not all dates chosen may have openings. Upon acceptance, a confirmation letter will be sent to each LIT. Make sure to clearly state which weeks you would like to apply for. The fee for each week per LIT is \$75. This fee covers regular camp costs and weekly events/field trips. The administration reserves the right to not accept an application and/or limit the weeks that an LIT may attend the program. For any other information about Camp Cedarwood and its policies, please refer to our website or brochure.



Please be sure to complete and submit the following:

- Application
- Personal Statement
- Medical Release
- Reference

Teen Leadership Program Application - 2018

Last Name *First Name* *Date of Birth*

Address *Town* *State*

Home Phone # *Cell Phone #* *E-mail address*

Parent/Guardian's name *Cell Phone #* *E-mail address*

Education

Middle School _____ *Years attended (mm/yy to mm/yy)*

High School (will/are attending) _____ *Years attended (mm/yy to mm/yy)*

*****Please circle the weeks that you would like to attend. Please pay for the first week in full (\$75) and a \$25 deposit for each additional week. (Note: the cost of Week 2 is \$60.) Make checks payable to Camp Cedarwood.***

Water Week	Holiday Week	Carnival Week	Water Week	Sports Week	Animal Week	Olympic Week	Water Week
6/25-6/29	7/2-3, 5-6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17

Please list any camps you have either volunteered at or attended as a camper. List any experiences, especially with children (babysitting, etc.) and/or any groups or teams where you feel you played a key role in participation or planning.



Personal Statement

1. Name someone you know who you consider to be a good leader. What is their leadership style? Why do you feel they are effective?

2. In your school and social activities what role do you often find yourself playing in the group?

3. What do you see as the biggest challenge teens face today? How do you cope with it?

4. What are your goals for being a part of the Teen Leadership Program?

5. What Bible verse best describes your current relationship with God? Why did you choose this one?

Personal Reference

*This reference form is to be filled out by an applicant's teacher, youth leader, mentor, or a person the applicant babysits, volunteers, or works for. This should be someone the applicant feels knows him/her fairly well. **This reference is to be mailed to Camp Cedarwood by the person who filled it out, therefore please include with the form a stamped envelope addressed to Camp Cedarwood.** Answers will be kept in strictest confidence.*

Camp Cedarwood
25 Old County Rd.
Barrington, RI 02806
Attn: Teen Leadership Program

Name of applicant: _____

1. How long have you know the applicant? _____ Describe your relationship with him/her.

2. To your knowledge, does the applicant's lifestyle provide a positive role model to children and peers? Why or why not? _____

3. What obvious personality traits (strengths and weaknesses) does the applicant possess?

4. What leadership potential/qualities do you see in this individual?

5. How do you rate this applicant's overall abilities for being a leader among their peers?

_____ Superior _____ Average _____ Below Average _____ Should be discouraged

6. Do you feel the applicant has the spiritual, physical, and emotional maturity to participate in Camp Cedarwood's Teen Leadership Program and recommend his/her participation? (Briefly explain):

Signature: _____

Date: _____

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Registration and Financial Guidelines

Please retain for your records

- Registration – Payment of \$75 in full for the first week, plus a deposit of \$25 is due for each additional week. Please circle all weeks desired on the registration form. For 2018, the cost of Week 2 is \$60.
- Deposits are non-refundable after **June 15**. Deposits will be returned if any week you choose is full.
- The balance for your child’s week of camp is due the Friday **before** the camper arrives. For instance, if your child is attending week 5, payment **in full** is due on the Friday of Week 4.
- The form to add/drop/change weeks is available on the website and at the camp office. Space is limited and all additions will be filled pending availability. You will be contacted as soon as possible when an opening is available. A deposit must accompany any requests to add a week.

Week	1	2	3	4	5	6	7	8
Theme	Water	Holiday	Carnival	Water	Sports	Animal	Olympic	Water
Start date	June 25	July 2	July 9	July 16	July 23	July 30	Aug 6	Aug 13
Week’s balance due by	June 22	June 29	July 6	July 13	July 20	July 27	Aug 3	Aug 10