



### **YMCA Leader-In-Training Program:**

This program is open to teens that have completed 6<sup>th</sup> grade and up. LITs will assist staff at the YMCA Summer Program with daily activities, planning, special events, and more. This program is a challenging, rewarding and fun experience for teens. It is a unique opportunity to shoulder responsibility, work with young children, and learn to be a leader.

### **LIT Program FAQs:**

*What training do LITs receive?*

The LIT program has a strong emphasis on leadership training. Every day will bring new opportunities for learning and skill building.

- LITs will attend a mandatory training prior to the first day that will cover the basic expectations
- LITs will participate in weekly activity planning discussions with the LIT Coordinator
- LITs will work as a team on special events/projects

At the end of the summer LITs will also receive an assessment documenting their strengths and areas for improvement.

*Will there be any special events for LITs?*

LITs will play a critical role in all of the special events that take place this summer, including theme days, talent show, field trips, and morning assembly. The LIT program is intended to be as fun and exciting for its participants, as it is challenging and educational.

*What should LITs bring every day?*

- Swim suit and towel
- Sneakers and appropriate footwear
- Bagged lunch and labeled water bottle
- Sunscreen
- Positive attitude & willingness to learn

*What is a typical day for LITs?*

LITs will spend approximately half of their day in their group working directly with the younger children. They will participate in their own trainings and activities apart from their group on a daily basis.

### **Registration Process:**

- Submit application and 1 letter of reference (pgs. 2-3)
- Interview (if required)
- Submit completed registration form (pgs. 4-6)
- Include a copy of your child's last physical and immunizations
- Attend mandatory training



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## YMCA Leader in Training Application

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Name: \_\_\_\_\_ Grade Completed 2017: \_\_\_\_\_  Male  Female

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Why are you interested in being an LIT? What makes you a good candidate for the program?

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2. Have you ever attended a summer program? What was the best/worst thing about your experience?

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3. Who is a positive role model in your life? Why?

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By signing this application, you agree that you have answered all questions to the best of your ability and will comply with all YMCA policies and guidelines.

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

I give my child permission to apply for the LIT Program at the YMCA Summer Program. Both my child and I have read the expectations and understand that prior to the start of the summer my child will receive training regarding YMCA policies, procedures, and LIT expectations.



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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YMCA Leader in Training Reference Request

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\_\_\_\_\_ has applied for the YMCA LIT Program and has  
(Applicant Name)  
given your name as a reference.

Have you observed the applicant in leadership situations? Please comment on those observations.

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How would you describe the applicant's character, temperament, and maturity?

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How would you describe his/her interaction skills with peers and adults?

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Would you recommend the applicant to volunteer with children?

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

Return reference to Chris Robilotta at address listed below or [crobilotta@ymca-cnw.org](mailto:crobilotta@ymca-cnw.org).





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**If your child has special health care needs (Allergies, Asthma included) – A doctor approved Written Medication Consent Form & Allergy Action Plan is needed. Children cannot attend program until these are returned with medication. \*These forms can be found at <http://community.ymca-cnw.org/about/forms/>**

**Child Information**

Has your child attended any other programs?  No  Yes  
If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Does your child have a special diet?  No  Yes  
If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Any known learning/behavioral/emotional issues?  No  Yes  
If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Any known nervous habits or fears?  No  Yes  
If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Names and ages of all siblings and where they go to school.  
\_\_\_\_\_

To help us provide the best possible experience please feel free to give a brief description of your child & include any concerns. Use additional paper as needed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were you referred to the Y? \_\_\_\_\_

- Yes**, I certify that the information on this application is both true and accurate and I have not left out any information that would help the Y understand or work with my child.
- YES**, my child is in good health and is able to fully participate in all activities offered at the Y programs. In an emergency I hereby give permission for the Y to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the Y to provide needed care including any resuscitation efforts and transportation to a hospital for care.
- YES**, I am aware the Parent Handbook can be found online at [www.community.ymca-cnw.org](http://www.community.ymca-cnw.org). This handbook includes all Y procedures and policies. I understand it is my responsibility to read the handbook and this entire application and I agree to abide by all terms and regulations.
- YES**, I give permission for the Y to use my child's photograph for public relations and/or marketing purposes.
- YES**, I agree to waive/relinquish all claims and will hold the Y & any officers, agents, employees, or representatives harmless from any and all claims which may arise from my child's participation in any activities of the Y.
- YES**, I give permission for the Y to transport my child for field trips (as applicable) with advanced notice. I understand that the transportation will be appropriately supervised. I understand that the Y and its employees assume no liability in case of an accident outside of their authority.



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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please consider donating to our Annual Campaign. This tax deductible donation covers scholarships for families in our community.*

	Pre Care 7:30-9:00	Full Day Program 9:00 – 5:00	Post Care 5:00-6:30	Total
<b>Week 1:</b> 6/26-6/30 Maritime Aquarium	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 2:</b> 7/3-7/7 CLOSED JULY 4th	<input type="checkbox"/> \$35	<input type="checkbox"/> \$160	<input type="checkbox"/> \$35	
<b>Week 3:</b> 7/10-7/14	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 4:</b> 7/17-7/21 Beardsley Zoo	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 5:</b> 7/24-7/28 NY Hall of Science	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 6:</b> 7/31-8/4 Greenburgh Nature	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 7:</b> 8/7-8/11	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 8:</b> 8/14-8/18 Quassy Park	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Bus Schedule</b> <input type="checkbox"/> Bedford Rd School 8:15am pickup 5:45pm drop off  <input type="checkbox"/> Somers Intermediate School 8:45am pickup 5:15pm drop off	<input type="checkbox"/> Bus \$70 per week (Pville)  <input type="checkbox"/> Bus \$50 per week (Somers)	<input type="checkbox"/> AM Bus <b>TO</b> PQ \$35 per week (Pville)  <input type="checkbox"/> AM Bus <b>TO</b> PQ \$25 per week (Somers)	<input type="checkbox"/> PM Bus <b>FROM</b> PQ \$35 per week (Pville)  <input type="checkbox"/> PM Bus <b>FROM</b> PQ \$25 per week (Somers)	

**Cancellation Policy**

- The membership and registration fees are non-refundable.
- There is a \$50 cancellation fee.
- There are **no refunds** for cancellations that occur less than 1 week in advance from scheduled session.
- Refunds cannot be granted for absence due to illness or injury.
- Membership, registration fee & deposit of 25% of total due at registration, balance due by June 1st.

<b>Registration Fee</b>	<b>\$10</b>
<b>Membership Fee</b>	<b>\$50</b>
<b>Gift to Annual Campaign</b>	<b>\$</b>
<b>Total</b>	<b>\$</b>

**Credit /Debit Card Authorization:**

Credit/Debit Card

Name as it appears on card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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