

# CCRI Bayside Summer Adventure Leadership Trainee Information

Teen's Last Name \_\_\_\_\_ First \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_

Male or Female (Please Circle) DOB \_\_\_\_\_ Age At Camp \_\_\_\_\_

School You Will Be Attending Next Year \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Fathers Work # \_\_\_\_\_

Who Do You Live With (Please Circle) Mother Father Both Other \_\_\_\_\_

Please Circle: First time LT Returning LT

Have Been A Bayside Camper Before? Y or N # of Summers? \_\_\_\_\_

List Below 5 Specific Things You Hope To Learn or Gain From Being an LT:

- 1.
- 2.
- 3.
- 4.
- 5.

List Below 3 Strengths You Feel You Can Bring To The LT Program:

- 1.
- 2.
- 3.

List Below 3 Ways You Hope To Gain More Confidence By Being an LT:

- 1.
- 2.
- 3.

Please Circle Activities As A Teen That You Would Be Interested In Participating In During The School Year:

Snow Tubing

Mt. Biking

Ocean City Overnight

Volunteering At A Soup Kitchen, Children's Foster Home, Senior Center and/or Food Bank

Snow Skiing Day Trip

Rock Climbing

Kayaking Excursion

Fundraising For A Trip To Disney World

Alpine Sledding Overnight

Other \_\_\_\_\_