

# **HICKORY COVE - Leaders in Training (LIT) Program**

1. Have a non-relative adult fill out the reference form and return to:

North Hills Church  
Attention: Student Ministry  
4952 Edwards Road  
Taylors, SC 29867

2. Complete the registration form and return to North Hills
3. Wait for confirmation on whether or not you are accepted for the team
4. If accepted, bring \$100 payment to church office by Wednesday, May 16th

**\*\*Checks should be made out to NHCC with  
“Hickory Cove” + your child’s name in the memo line**

5. Check your email for preparatory meeting reminders, packing list, and itinerary

**Deadline for this packet to be turned in is  
NOON on WEDNESDAY, MAY 16th**

Please email Hope Tinnin at [hopet@northhillschurch.com](mailto:hopet@northhillschurch.com) with any questions

ALIVE Student Ministry

## Hickory Cove LIT Reference

Please return to:  
North Hills Church  
Attention: Student Ministry  
4952 Edwards Road  
Taylors, SC 29867  
864-609-0111 Fax

Applicant Name: \_\_\_\_\_  
Referral Name: \_\_\_\_\_  
Referral Email: \_\_\_\_\_  
Referral Phone: \_\_\_\_\_

The above named person is applying for a summer mission opportunity. It is important to us to obtain objective and valid statements from those who have some personal knowledge of the applicant's abilities and characteristics.

It is important to receive this completed form as soon as possible in order to process this candidate's application. Any information you give us will be regarded as strictly confidential. Please send this form directly to North Hills Community Church at the above address. Thank you.

1. Does the applicant have a visible, growing relationship with Christ? \_\_\_\_\_
2. For approximately how long? \_\_\_\_\_
3. Does the applicant appear to be growing in his/her relationship with the Lord? \_\_\_\_\_  
Please explain.
4. How does the applicant conduct him/her self with peers of the opposite sex?
5. Would you consider the applicant qualified to counsel your child or teenager?
6. Applicant's greatest strength?
7. Applicant's greatest weakness?

8. Please rate the Applicant regarding the following on a scale of 1-5. (1 being low and 5 being high)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Able to follow instructions            | <input type="checkbox"/> Affirming of others            | <input type="checkbox"/> Loyal                     |
| <input type="checkbox"/> Able to work without close supervision | <input type="checkbox"/> Outgoing and friendly          | <input type="checkbox"/> Trustworthy               |
| <input type="checkbox"/> Able to work in a team                 | <input type="checkbox"/> Enthusiastic                   | <input type="checkbox"/> Team player               |
| <input type="checkbox"/> Able to adjust to new situations       | <input type="checkbox"/> Positive attitude              | <input type="checkbox"/> Not easily offended       |
| <input type="checkbox"/> Consistent in Christian testimony      | <input type="checkbox"/> An able leader                 | <input type="checkbox"/> Even-tempered             |
| <input type="checkbox"/> Able to cope with other's problems     | <input type="checkbox"/> Disciplined                    | <input type="checkbox"/> Cooperative               |
| <input type="checkbox"/> Modest dress                           | <input type="checkbox"/> Able to make friends           | <input type="checkbox"/> Attitude toward authority |
| <input type="checkbox"/> Personal grooming                      | <input type="checkbox"/> Attitude toward hard work      | <input type="checkbox"/> Initiative                |
| <input type="checkbox"/> Tact                                   | <input type="checkbox"/> Public speaking ability        | <input type="checkbox"/> Organization              |
| <input type="checkbox"/> Dependability                          | <input type="checkbox"/> Honesty and personal integrity | <input type="checkbox"/> Willingness               |
| <input type="checkbox"/> Judgment                               | <input type="checkbox"/> Courtesy                       | <input type="checkbox"/> Sense of Humor            |
| <input type="checkbox"/> Communication                          | <input type="checkbox"/> Punctuality                    |  |

9. Please check your choice of recommendation

- |  |   |
|--|---|
| <input type="checkbox"/> I strongly recommend              | <input type="checkbox"/> I recommend        |
| <input type="checkbox"/> I recommend with some reservation | <input type="checkbox"/> I do not recommend |

Please explain above answer

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Referral Signature



2018 LIT Registration

Week:

July 15-20

PLEASE PRINT CLEARLY

Camper's Full Name \_\_\_\_\_ Date of Birth (M) \_\_\_\_\_ / (D) \_\_\_\_\_ / (Y) \_\_\_\_\_

Address \_\_\_\_\_ Preferred Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female

This is a new address

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Home Church Affiliation \_\_\_\_\_

PARENT OR GUARDIAN INFORMATION

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

SECOND PARENT/EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

PERMISSION & RELEASE AGREEMENT: By signing my name below, I am releasing the above-named camper to attend Hickory Cove Bible Camp and participate in all aspects of the program unless I notify the camp and have specified otherwise. I am aware that some camp activities carry an inherent risk of injury. These activities include but are not limited to: swimming, boating, water sports, field games, gymnasium sports, zip line, low ropes, paintball, archery, hiking, and off-campus trips. I knowingly assume full responsibility for all risk of injury. While precautions will be taken to ensure the welfare of all participants, Hickory Cove Bible Camp, its trustees, officers, staff, and volunteers are hereby released from any and all liability in the event of any accident, injury, or illness. I further hold such parties harmless and indemnify them against any cost or charge resulting from an incident involving the above-named camper. I give Hickory Cove permission to include the above-named camper in any photographs, video productions and/or promotional materials without further notification or permission. I recognize that if I do not carry personal medical insurance, I am responsible for all medical expenses incurred by the above-named camper while attending Hickory Cove. By signing my name below, I am agreeing to the terms of this permission and release statement.

Signature Of camper \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_