

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 29687

2. Complete the registration form and bring a \$100 check** to the church office.

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

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

**Deadline for the registration form, the check,
and reference form to be turned in is
NOON on FRIDAY, JUNE 14**

Please email Hope Tinnin at 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 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

Referral Signature



2019 LIT Registration

Week:

June 30-July 5

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 _____