

# *the Wilds*<sup>®</sup> OF NEW ENGLAND

## CIT APPLICATION

Dear Applicant,

Thank you so much for considering The Wilds of New England's Camper In Training program. CIT is a two-week training program designed to build **whole-hearted, servant-minded teens for Christlike leadership**. The program is very challenging, yet very rewarding. Applicants must be at least 16 years of age and a rising high school junior, senior, or college freshman. This packet includes the application, one parent/guardian form, and three recommendation forms. **All of these forms must be returned in order to be considered for the program.**

### **The Application:**

This will take time and should be filled out thoughtfully. It is very important that you personally answer all the questions thoroughly and honestly. Please understand that we do not expect to see perfection reflected in your answers.

### **Parent/Guardian Form:**

This form should be filled out by a parent or guardian and returned with the application.

### **Recommendation Forms:**

Three recommendation forms must be filled out and returned by two church officials (pastor, youth pastor, associate pastor, deacon, etc.) and one other adult of your choice. Since these recommendation forms need to be mailed separately, it would be helpful to provide a stamped envelope for these individuals. **Also, be sure to follow up with them, as all recommendations are required for consideration.**

The Wilds of New England can accept only a limited number of applicants into CIT. For priority consideration, each application must be completed and returned to The Wilds of New England no later than January 15, 2019. **Applicants will be notified of acceptance by February 15, 2019.**

Thank you,



Steve Stodola  
CIT Coordinator, The Wilds of New England

**Camp Address**  
1181 Deering Center Rd.  
Deering, NH 03244  
603.529.0001 (Phone)  
828.862.4813 (Fax)



Attach a recent  
photo here.  
Photo is required  
for consideration.

If preferred, a digital  
picture may be e-mailed to  
twne.camp@wilds.org.

**CIT APPLICATION**  
**JULY 1-JULY 13, 2019**

**Name:** \_\_\_\_\_  
(Please use the name you prefer to be called.)

**Birthday:** \_\_\_\_\_ **Age (as of 6/1/19):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

**Your Phone:** \_\_\_\_\_ **Your E-mail:** \_\_\_\_\_  
(All CIT communication is done through e-mail)

**Parent Phone:** \_\_\_\_\_ **Parent E-mail:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_  
Name City State

**Pastor's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_  
Name City State

**Principal's Name:** \_\_\_\_\_

**Grade you will be entering in the fall of 2019:**

11th 12th college freshman

- Have you **attended The Wilds** of New England as a camper?  Yes  No  
Have you **attended The Wilds** of North Carolina as a camper?  Yes  No  
Have you **applied to CIT** (in NE or NC) in the past?  Yes  No  
Have you **attended CIT** (in NE or NC) in the past?  Yes  No



1. Explain how you came to trust Jesus as your Lord and Savior. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Since that time, have you had many **doubts** about your salvation?  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

2. Since your salvation, in what areas of your life have you seen definite **spiritual growth**? \_\_\_\_\_  
\_\_\_\_\_

3. In what areas do you seem to consistently **struggle**? \_\_\_\_\_  
\_\_\_\_\_

4. Would you say you are consistent in a daily **personal time with God**?  Yes  No  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

When do you have your personal time with God? \_\_\_\_\_

Describe what have you been doing this last month in your personal time with God. (Please be specific.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the greatest **spiritual lesson** you have learned in the last month? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How have you intentionally sought to implement that into your everyday life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If you could change anything about yourself, what would it be (examples: past, appearance, abilities, family, lifestyle, schooling, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## PERSONAL INFLUENCE & LEADERSHIP

1. In your own words, give a **definition of leadership**. \_\_\_\_\_  
\_\_\_\_\_
  
2. Describe your **attempts to demonstrate Biblical leadership** in your church, school, home, or neighborhood:
  - Are you **actively sharing the Gospel** to the lost in your neighborhood and community? If so, give two examples of your witnessing efforts within the past six months. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - Do you **kindly confront friends** about sin or sinful choices in their lives? If so, give two examples of that within the last six months. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - Have you **taken a public stand for God** on any Biblical issue at work, school, or church? If so, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - Have you **felt pressured** at times by friends to do things you know are wrong?  Yes  No  
- If so, what kind of friends (church, school, neighborhood, work, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
- What types of things do they try to pressure you into doing? \_\_\_\_\_  
\_\_\_\_\_  
- Explain how you tend to respond to that pressure. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. In classes, church services, and youth meetings, which statement best describes your participation and attitude?
  - If the group is cutting up and not paying attention, I am usually involved or am one of the instigators.
  - If the group is cutting up and not paying attention, I try to stay out of it, but I don't make any effort to stop the misbehavior.
  - If the group is cutting up and not paying attention, I usually try to take action to stop the misbehavior by saying something at the time or by going to the ones involved later.



# PERSONAL RESPONSIBILITY

1. Please describe any **source of income** (regular or part-time job). \_\_\_\_\_  
\_\_\_\_\_

2. On what do you normally **spend** your money? \_\_\_\_\_  
\_\_\_\_\_

3. Do you **tithe** regularly to your local church? \_\_\_\_\_  
\_\_\_\_\_

4. Describe any **regular chores or responsibilities** you have at home for which your parents regularly depend on you. \_\_\_\_\_  
\_\_\_\_\_

5. On a scale of 1 - 10, rate yourself on how well you handle the responsibilities you listed above:

1 2 3 4 5 6 7 8 9 10  
poor average excellent

6. Describe how **responsible** you are in keeping your room clean from day to day. \_\_\_\_\_  
\_\_\_\_\_

7. How would your parents describe you at home?

- An **obedient attitude**?  Yes  No
- A **genuine love and compassionate spirit** toward family?  Yes  No
- A **servicing and helpful** spirit?  Yes  No

In what ways do you take **initiative** to help around your home? \_\_\_\_\_  
\_\_\_\_\_

8. Do you have any brothers or sisters?  Yes  No  
How would you describe your relationship with them? \_\_\_\_\_  
\_\_\_\_\_

9. Do you have **friends or acquaintances** of whom your parents do not whole-heartedly approve?  
 Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

10. Have you had a major **conflict with your parents** in the past?  Yes  No  
Would you say it has been resolved to their satisfaction?  Yes  No

11. Is there, at this time, a **continuing conflict** with your parents?  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_



## PERSONAL INTERESTS

1. What are some of **hobbies** and **extra-curricular activities** you enjoy (music, sports, clubs, etc.)? \_\_\_\_\_

Describe the **sports** you play or any **form of exercise** you enjoy. \_\_\_\_\_

2. How many hours per week do you spend on the Internet, watching DVD's and TV, or playing video games? \_\_\_\_\_ hours

3. What are some of the **entertainment choices** you've made in the last 6 months (please give specific examples)?

Movies: \_\_\_\_\_

TV Shows: \_\_\_\_\_

Games (computer or video): \_\_\_\_\_

Internet (web surfing, chat, email, etc.): \_\_\_\_\_

Other: \_\_\_\_\_

4. Give 5 adjectives that best describe **your personality**: \_\_\_\_\_

5. How would you rate your three **closest friends**?

- Godly and eager to do what is right
- Good people, but somewhat apathetic; average spiritually
- Struggling in their walk with the God
- Cold toward the things of God



Please give time and thought in order to be **thorough** and **specific** in your answers.

1. What do you believe are the **greatest problems facing teens** in your church and school? \_\_\_\_\_

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2. What would you say are some of the **key issues in addressing these problems**? \_\_\_\_\_

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3. Describe your **future plans and goals** (short-term and long-term) for your life. \_\_\_\_\_

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4. Please explain **why you would like to attend CIT** and what would you like to see accomplished in your life if you were accepted. \_\_\_\_\_

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All of the previous answers **truthfully** reflect my current attitudes and actions:

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(applicant)

We have reviewed the application and believe the applicant has made every attempt to be truthful and fair in his or her answers. (The following **signatures are required** in order to process this application)

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(parent)

E-mail \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(church official - please indicate title)

E-mail \_\_\_\_\_

**Please send completed application to:**

TWNE CIT Coordinator  
1181 Deering Center Rd.  
Deering, NH 03244

**Please check to see:**

- The application is **completely** and **thoroughly** filled out.
- A small **picture is attached** to the front of the application.
- All the appropriate **signatures are present** (parent and church official) .
- All **three recommendation forms** are given out, and **one parent form** filled out  
(We must have all four forms in order to consider you for the program.).

Please return the application **no later than January 15, 2019** (the envelope needs to be postmarked January 15 or earlier). Be sure to follow up with those you've asked to recommend you, as their recommendations are also due by February 15. Each applicant will be notified of a decision through the email address provided. Notifications will be sent by February 15, 2019.







# CIT PARENT/GUARDIAN FORM

Applicant's Name: \_\_\_\_\_

**This form should be filled out by a parent or guardian and should accompany the completed application for CIT.** We appreciate your fair and honest evaluation of your child. This information will be held in strict confidence.

1. Describe the **spiritual growth** you have witnessed in your child's life over the last few years. \_\_\_\_\_

\_\_\_\_\_

2. In what areas of their spiritual growth do they seem to **consistently struggle**? \_\_\_\_\_

\_\_\_\_\_

3. Describe how your child **responds to correction**. \_\_\_\_\_

\_\_\_\_\_

4. Would you say your child has an **obedient attitude** at home?  Yes  No

5. Are you concerned about any of the **friends** with whom your child spends their time?

Yes  No If yes, explain. \_\_\_\_\_

\_\_\_\_\_

6. How would you rate your child's **level of responsibility**?

1 2 3 4 5 6 7 8 9 10  
poor average excellent

7. Describe ways in which your child displays **initiative and dependability** in their responsibilities at home. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Are there any **ongoing issues** with your child that have not been resolved to your satisfaction?

Yes  No If yes, explain. \_\_\_\_\_

\_\_\_\_\_

9. What areas would you like to see strengthened in your child's life as a result of the CIT program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



# *the Wilds*<sup>®</sup> OF NEW ENGLAND

## CIT RECOMMENDATION

\_\_\_\_\_ (first and last name of applicant) has applied to The Wilds of New England's Camper In Training (CIT) teen leadership development program.

This program is for those who are teachable and growing in their commitment to the Lord, their desire to do right, and their desire to make a difference in their world for Christ. It is crucial that a teen not come to CIT having a great number of unresolved spiritual and personal issues in his life. CIT is not intended to reform those who are struggling with their commitment to the Lord, relationships to authority, and other issues.

Your input is extremely important for the application process. Please provide as honest and candid answers as you possibly can. This information will be held in strict confidence. Thank you for your time.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**Do Not Know**

**1. RELATIONSHIP WITH CHRIST**

Passionate	5	4	3	2	1	Apathetic	<input type="checkbox"/>
Consistent	5	4	3	2	1	Sporadic	<input type="checkbox"/>
Tender-hearted	5	4	3	2	1	Resistant	<input type="checkbox"/>

Comments: \_\_\_\_\_

**2. PUBLIC TESTIMONY**

Bold Witness	5	4	3	2	1	Reluctant	<input type="checkbox"/>
Moral	5	4	3	2	1	Loose	<input type="checkbox"/>
Discerning	5	4	3	2	1	Senseless	<input type="checkbox"/>
Servant	5	4	3	2	1	Selfish	<input type="checkbox"/>

Comments: \_\_\_\_\_

**3. PERSONAL RESPONSIBILITY**

Dependable	5	4	3	2	1	Unreliable	<input type="checkbox"/>
Initiative	5	4	3	2	1	Lazy	<input type="checkbox"/>
Focused	5	4	3	2	1	Distracted	<input type="checkbox"/>

Comments: \_\_\_\_\_

4. RELATIONSHIP TO AUTHORITY

Honoring	5	4	3	2	1	Disrespectful	<input type="checkbox"/>
Willing	5	4	3	2	1	Stubborn	<input type="checkbox"/>
Teachable	5	4	3	2	1	Know-it-all	<input type="checkbox"/>

Comments: \_\_\_\_\_

5. LEADERSHIP QUALITIES

Confident	5	4	3	2	1	Hesitant	<input type="checkbox"/>
Bold	5	4	3	2	1	Insecure	<input type="checkbox"/>
Respected	5	4	3	2	1	Ignored	<input type="checkbox"/>

Comments: \_\_\_\_\_

6. PERSONALITY TRAITS

Approachable	5	4	3	2	1	Abrasive	<input type="checkbox"/>
Outgoing	5	4	3	2	1	Shy	<input type="checkbox"/>
Friendly	5	4	3	2	1	Arrogant	<input type="checkbox"/>

Comments: \_\_\_\_\_

General Comments: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Please return this completed form by **no later than January 15th or as soon as possible.**

Please send it to the address below:

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Do Not Know

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Comments: \_\_\_\_\_

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Servant	5	4	3	2	1	Selfish	<input type="checkbox"/>

Comments: \_\_\_\_\_

3. PERSONAL RESPONSIBILITY

Dependable	5	4	3	2	1	Unreliable	<input type="checkbox"/>
Initiative	5	4	3	2	1	Lazy	<input type="checkbox"/>
Focused	5	4	3	2	1	Distracted	<input type="checkbox"/>

Comments: \_\_\_\_\_

4. RELATIONSHIP TO AUTHORITY

Honoring	5	4	3	2	1	Disrespectful	<input type="checkbox"/>
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Comments: \_\_\_\_\_  
\_\_\_\_\_

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Comments: \_\_\_\_\_  
\_\_\_\_\_

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Outgoing	5	4	3	2	1	Shy	<input type="checkbox"/>
Friendly	5	4	3	2	1	Arrogant	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Please return this completed form by **no later than January 15th** or as soon as possible.  
Please send it to the address below:

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Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_  
\_\_\_\_\_

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Comments: \_\_\_\_\_  
\_\_\_\_\_

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Friendly	5	4	3	2	1	Arrogant	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

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