Parent/Guardian Evaluation Form

This confidential form is to be completed by a Parent or Guardian.

Please complete and return to:
Mission Springs Conference Center
Attention: Program Department - 1050 Lockhart Gulch Road - Scotts Valley, CA 95066

LIT Applicant Name: _____

*Parent/Guardian Name:*_____ *Relationship to Applicant:*_____

Mission Springs is a year-round Christian conference center and summer camp for children and teens. Summer staff responsibilities include willingness to work hard serving our guests, and the ability to work well with a group of peers. We are looking for mature Christian applicants who desire to share their faith. All applicants need to have a heart for service and the ability to reflect their love for Christ through their work.

1. In a paragraph or two please evaluate your child's readiness to serve in our LIT program.

2. What about your child most prepares them for this experience?

3. What might hinder your child from succeeding in this role? (Your honest answer will only help us better assist them in their readiness for service and in their spiritual growth.)