



Counselor-In-Training Application

Date of Application: _____

Age at start of summer: _____ T-Shirt Size: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Present School: _____

List any activities/clubs/groups/sports you participate in:

Previous Camp Experience

Camp Attended	Location	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work/Volunteer Experience

Organization	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer the following questions to the best of your ability.

How did you find out about CYO Camp's Counselor-In-Training (CIT) Program? _____

Why are you applying for the CYO Camp CIT Program? _____

What skills or experiences do you hope to learn as a CIT? _____

What qualities/skills/talents can you share with CYO Camp? _____

Have you worked with or shared any special experiences with younger people, including your siblings? _____

What does being a good leader mean to you? _____

If accepted, what session would you prefer to attend? (Please list specific reasons/date restrictions)

Applicants Signature _____ **Date** _____