

2012 COUNSELOR-IN-TRAINING APPLICATION

DATE _____

NAME _____
(first) (last) (middle int.)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ DATE OF BIRTH _____

CURRENT SCHOOL GRADE _____ SCHOOL _____

E-MAIL ADDRESS _____

PLEASE CHECK THE WEEKS YOU ARE **AVAILABLE** ABLE TO WORK

_____ JUNE 25 – JUNE 29 _____ JULY 2 – JULY 6 _____ JULY 9 – JULY 13

_____ JULY 16 – JULY 20 _____ JULY 23 – JULY 27 _____ JULY 30 – AUG 3

REFERENCES

1. _____
Name relationship to you phone #

2. _____
Name relationship to you phone #

BRIEFLY, WHY WOULD YOU LIKE TO BE A C.I.T.?

WHAT SKILLS CAN YOU BRING TO CAMP AND WHAT SKILL WOULD YOU LIKE TO DEVELOP?

WHAT DOES LEADERSHIP MEAN TO YOU?

APPLICANT SIGNATURE _____