



C.I.T. Application

***Applicant **MUST** be interviewed and accepted into the program prior to registration*
Applicant will be called to set up an appointment.**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: Male Female

Preferred to work with children ages 2 to 5 OR 6 to 13. (Please circle one.)

Dates available (from when to when) _____

Tell us about your self. (Please print neatly.)

Any previous camp experience? Y or N

If yes, please describe: _____

Indicate any special skills and interests such as arts and crafts, drama, sports, nature, rock climbing, or others: _____

List any hobbies or special interests you have that might prove beneficial to you as a camp counselor: _____

Please list any certifications you have such as CPR, lifeguard, first aid, ropes course, or other: _____

Please tell us why you want to train as a camp counselor with children: _____

Please describe something that you've done at school, volunteer work, or place of worship that you are especially proud of. _____

What is your favorite cartoon show as a child and why? _____

If you were an animal, what animal would you be and why? _____

