



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA 2017 Summer Day Camp Counselor in Training Application

Please read the entire application prior to filling out. Once your application is reviewed by the YMCA Camp Director, we will contact you for a personal interview. If accepted as a YMCA C.I.T. additional registration forms will be required.

Name: _____
Address: _____ Phone: _____
City, State, Zip: _____ Male: _____ Female: _____
Birthday: Month: _____ Day: _____ Year: _____ Next Grade Level: _____
Parent/Guardian Name: _____
Home Phone: _____ Work Phone: _____
Name of school attending: _____
School District: _____

Camper Experience:

Camp Attended	Dates of Attendance	Activities

Employment or Extracurricular Activities:



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Name: _____

References:

List three people who are **not related** to you who have knowledge of your character, experience and ability. All references **MUST** complete the attached form.

Name/Connection	Address	Contact Number	E-mail Address

2017 Camp Sessions

Please check those weeks you would like to participate in the CIT Program.

- June 19-23
- June 26-30
- July 3-7
- July 10-14
- July 17-21
- July 24-28
- July 31-August 4
- August 7-11
- August 14-18
- August 21-25

Please answer the following questions. (Please type or write legibly.)

1. Why are you interested in becoming a C.I.T. at camp?

2. Describe yourself in one word.

3. List your strengths and weaknesses.



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CENTRAL CONNECTICUT COAST YMCA 2017 Counselor In Training Reference Form

Please have each of your listed references complete this form and submit with your general application.

Applicant's Name _____ Branch Applying for Position _____

Reference's Name _____

Date _____ Phone number _____ E-mail address _____

Relationship to Applicant _____

How would you describe this applicant's personality, character traits?

What are this applicant's strengths and weaknesses?

Describe a time when the candidate assumed a leadership role.

How does he or she respond to supervision?

Are you aware of any problems that the applicant may have had which might interfere with his or her ability to perform this job?

Is there anything else you would like to add about this applicant?

Signature _____ Date _____



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