



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## HAMDEN/NORTH HAVEN YMCA 2013 Counselor in Training Application

Please read the entire application prior to filling out.

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	Date(s)	Activities

### Employment or Extracurricular Activities:

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**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	Phone Number	E-mail Address

**Camp Mt. Laurel Sessions**

Please check those sessions you would like to attend.

- Session #1 (June 24<sup>th</sup>-July 5<sup>th</sup>, no camp 7/4)
- Session #2 (July 8<sup>th</sup>-July 19<sup>th</sup>)
- Session #3 (July 22<sup>nd</sup>- August 2<sup>nd</sup>)
- Session #4 (August 5<sup>th</sup>-August 16<sup>th</sup>)
- Session #5 (August 19<sup>th</sup>-August 23<sup>rd</sup>)

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

1. Why are you interested in becoming a C.I.T at Camp Mt. Laurel?
  
2. Describe yourself in one word.
  
3. List your strengths and weaknesses.



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**NAME** \_\_\_\_\_

**4. If you were a camper, what activities or things did you like most?**

**What activities did you like least?**

**5. What are some ways in which you have shown responsibility in your home or school in the past year that reflect your sense of responsibility?**

**6. What do you wish to gain from your experience as a C.I.T?**

**7. Have you worked with children in the past?**

**I acknowledge that my child is applying to become a Counselor in Training at the Hamden/ North Haven YMCA's Camp Mt. Laurel.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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## HAMDEN/NORTH HAVEN YMCA 2013 Counselor In Training Reference Form

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

Applicant's Name \_\_\_\_\_

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?

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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