



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA
2015 Summer Day Camp 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	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

2015 Camp Sessions

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

- ☐ June 15-19
- ☐ June 22-26
- ☐ June 29-July 3
- ☐ July 6-10
- ☐ July 13-17
- ☐ July 20-24
- ☐ July 27-31
- ☐ August 3-7
- ☐ August 10-14
- ☐ August 17-21

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.

CENTRAL CONNECTICUT COAST YMCA

1240 Chapel Street, New Haven, CT 06511

P 203 777 9622 **F** 203 773 8950 **W** cccymca.org



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CENTRAL CONNECTICUT COAST YMCA 2015 Counselor In Training Reference Form

Please have each of your listed references complete this form and submit with your 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?

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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