



2026 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 TO WORK

_____ JUNE 22 – JUNE 26 _____ JUNE 29 – JULY 3 _____ JULY 6 – JULY 10

_____ JULY 13 – JULY 17 _____ JULY 20 – JULY 24 _____ JULY 27 – JULY 31

_____ AUG 3 – AUG 7

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 _____