



## 2024 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** ABLE TO WORK

\_\_\_\_\_ JUNE 24 – JUNE 28 \_\_\_\_\_ JULY 1 – JULY 5 \_\_\_\_\_ JULY 8 – JULY 12

\_\_\_\_\_ JULY 15 – JULY 19 \_\_\_\_\_ JULY 22 – JULY 26 \_\_\_\_\_ JULY 29 – AUG 2

\_\_\_\_\_ AUG 5 – AUG 9

### REFERENCES

1. \_\_\_\_\_  
Name relationship to you phone #

2. \_\_\_\_\_  
Name relationship to you phone #

BRIEFLY, WHY WOULD YOU LIKE TO BE A C.I.T.?

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WHAT SKILLS CAN YOU BRING TO CAMP AND WHAT SKILL WOULD YOU LIKE TO DEVELOP?

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WHAT DOES LEADERSHIP MEAN TO YOU?

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APPLICANT SIGNATURE \_\_\_\_\_