



2025 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 23 – JUNE 27 _____ JUNE 30 – JULY 3 _____ JULY 7 – JULY 11

_____ JULY 14 – JULY 18 _____ JULY 21 – JULY 25 _____ JULY 28 – AUG 1

_____ AUG 4 – AUG 8

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 _____