



Counselor In Training (CIT) APPLICATION

This application is in addition to the camper application.

Name _____ S.S.# _____

Permanent Address _____

Phone: _____ cell: _____ email: _____

Age _____ Date of Birth _____

School _____

PAST EMPLOYMENT (if applicable)

Dates	Employer	Address/Phone	Nature of work

Please describe your experience with children: _____

Which sports do you play or enjoy? _____

References

Name	Address	Phone

Please tell us about yourself and what contributions you think you can make at camp?

Signature _____ Date _____