

**CAMP JULIETTE LOW
FIRST YEAR COUNSELOR-IN-TRAINING
INFORMATION**

Date _____

Name _____

Address _____

Street

Age: _____ Date of Birth: _____

City

State

Zip

Phone #: _____ your email address: _____

EDUCATION:

Name of High School: _____ Present Grade: _____

Offices Held: _____ Subject Preference: _____

WORK EXPERIENCE:

What kinds of work have you done for pay and / or any other compensation?

Kind of Work

Employer

Dates

Kind of Work	Employer	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

CAMPING EXPERIENCE:

Organization/ Camp Name

Camp Type (Day/Trip/Established)

Amt of Time attended

Organization/ Camp Name	Camp Type (Day/Trip/Established)	Amt of Time attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER EXPERIENCE:

Name of organizations of which you have volunteered. Mention it even if it was not formally for any one organization.

OTHER EXPERIENCE:

Name of organizations of which you have been a member. If you held an office, say so:

Have you had experience with the following age groups?

7-9 yrs _____ 10-12 yrs _____ 13-16 yrs _____ Which do you prefer? _____

How many brothers _____, sisters _____ do you have? What ages? _____

CERTIFICATION:

Check if you have the following American Red Cross (or other) certificates.
Date Received

LIFEGUARD Training _____

Other Certifications: _____

First Aid _____

CPR _____

PROGRAM SKILLS:

Check once subjects in which you have an interest. Check twice those you feel you could teach.

____ archery

____ dramatics

____ photography

____ art/crafts

____ folk dancing

____ rec games

____ backpack camping

____ games

____ ropes course

____ outdoor cooking

____ hiking

____ sailing

____ campcrafts

____ horseback riding

____ singing

____ canoeing

____ kayaking

____ swimming lessons

____ dancing

____ knot tying

____ tennis

____ diving

____ outdoor living skills

____ water fun

Others _____

Do you play an instrument (specify)? _____

ESSAY - On a separate piece of paper, please answer the following:

1. Tell us what you think a CIT is.
2. Indicate why you are interested in being a CIT at Camp Juliette Low.
3. List some strengths that you think a CIT should have.

RECOMMENDATION

Please supply the names of three persons other than relatives who will give information regarding your qualifications. One person should be a member of your school faculty. Please send each person the recommendation form and include the completed forms in your CIT envelope.

Name _____

Relation _____

Name _____

Relation _____

Name _____

Relation _____

Signature of parent, denoting approval of daughter's attendance in this Counselor-in-Training program:

Signature

Date

REMINDER: the complete CIT Information packet (see checklist on the envelope) is due in the camp winter office between October 1 and November 15. Incomplete packets will not be considered. After November 15, the packets will be opened and if there are more applicants than slots, we will hold a lottery to fill the slots. Applications received after November 15 will be considered in the order they were received and placed in the CIT sessions as space allows. You will be notified by December 15 of your status.