



COUNSELOR-IN-TRAINING I

PROGRAM APPLICATION

INSTRUCTIONS:

Please type or print clearly. Please return your completed application to the Outdoor Program Manager, 350 Hale Avenue, Harrisburg, PA 17104.

All applicants must sign and date their applications. If you need more space, please attach a separate piece of paper, with your name and supplemental information, to this application. You may attach copies of certificates, etc., if you wish. **This application is only for the CIT I program.**

SECTION A: *Personal Information*

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Birthday: _____ Age: _____ Grade in Fall: _____

Name and Location of School you will be attending in the Fall: _____

I meet the age/grade prerequisite for the CIT program for which I am applying Yes No

I am applying to camp: 1st Choice: _____ 2nd Choice: _____

I would like to attend both camps

Volunteer Experience with Troops, Service Units/Associations or other:

Job Title/Duties	Organization	Address	Dates

Name courses you have taken which relate to camping, outdoor education, leadership skills, child development, outdoor skills, special skills, etc.

Course Name	Agency/School	Course Date(s)	Skills/Topic Learned

Camping Experience: (please list years of experience)

Troop _____ Resident Camp _____ Day Camp _____ Family _____



Name of Resident Camps attended: (agency or religious)

Name of Camp	City/State	Sponsoring Organization	Position

Certificates:

Please list any CURRENT certificates you hold, including first aid, CPR, lifesaving, canoeing, etc.

Certificate in: _____ Exp.Date: _____

Certificate in: _____ Exp.Date: _____

I have already completed a previous CIT program/level Yes No

If "Yes", what program or level was completed and where was training taken:

Program: _____ Agency: _____ Where: _____ Yr. _____

Education/Training:

On a Separate piece of paper, in your own words, tell us:

1. What you hope to gain from the CIT experience,
2. What you have to offer the CIT program and
3. What your future goals are.

References:

Please have 3 Letters of Recommendation with your entire name within the body of the letter. Letters cannot be from family members. You can have them mail the Letter of Recommendation to 350 Hale Avenue, Harrisburg, PA 17104 or email camp@gshpa.org.

My signature acknowledges that the statements made within this application are, to the best of my knowledge, accurate.

Applicants Signature: _____ Date: _____

Print Name: _____ Date: _____