

Counselor in Training Application

Applicant Information

Applicant Name

_____ (First) _____ (Last)

Grade in Fall _____

Applicant Phone Number

() _____

Applicant Email

Address

Street Address _____

State/Province/Region _____

Postal Zip Code _____

Date Application Completed: _____

Parent/Guardian Information

Name of Contact

_____ (First) _____ (Last)

Relationship to Applicant _____

Phone Number

() _____

Alternative Phone Number

() _____

Email

Preferred Session

- 1. Sears Park Camp or Little Wonders Camp Weeks 1-4**
- 2. Sears Park Camp or Little Wonders Camp Weeks 5-8**

Short Answer Responses

List the characteristics you feel a CIT should have.

Why would you like to be in the CIT program?

What experiences have you had that would help you be a CIT?

Is there anything else you want us to know about you? Any special talents?
