

Counselor in Training Summer 2024 Application

Applicant Information

Applicant Name

_____ (First) _____ (Last)

Grade in Fall 2024 _____

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 June 17 - July 12**
- 2. **Sears Park Camp or Little Wonders Camp July 15 - August 19**

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?
