

# Westminster City Recreation Summer Camp

## 2021



### Counselor-In-Training Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's phone number: \_\_\_\_\_ Work: \_\_\_\_\_

Parent Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School year next Fall \_\_\_\_\_

School \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Have you ever been a CIT? Where? \_\_\_\_\_

Extracurricular activities: Please list any sports, clubs, hobbies you enjoy participating in, including leadership roles.

Please list any awards/honors you have received.

Describe your experiences with children and give ages.

List any summer camps you have attended.

Describe any jobs, personal experiences or volunteer opportunities that would make you an effective CIT?  
Why do you want to be a CIT?

What is the youngest age child you have been responsible for? \_\_\_\_\_ Oldest? \_\_\_\_\_

What age group do you prefer to work with?

6-7 year olds \_\_\_\_\_ 8-10 year olds \_\_\_\_\_

11 and up year olds \_\_\_\_\_

Please check the weeks you would like to attend:

Week of.....

\_\_\_\_\_ June 21<sup>st</sup> & 28<sup>th</sup>

\_\_\_\_\_ July 5<sup>th</sup> & 12<sup>th</sup>

\_\_\_\_\_ July 19<sup>th</sup> & 26<sup>th</sup>

\_\_\_\_\_ August 2<sup>nd</sup> & 9<sup>th</sup>

\_\_\_\_\_ August 16<sup>th</sup> & 23<sup>rd</sup>

\*\*You are not guaranteed all your weeks!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_