

# Westminster City Recreation Summer Camp

2024



## 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 years old + \_\_\_\_\_

Please check the weeks you would like to attend:

Week of.....

\_\_\_\_\_ June 17<sup>th</sup>

\_\_\_\_\_ July 29<sup>th</sup>

\_\_\_\_\_ June 24<sup>th</sup>

\_\_\_\_\_ August 5<sup>th</sup>

\_\_\_\_\_ July 1<sup>st</sup> (no camp July 4 & 5)

\_\_\_\_\_ August 12<sup>th</sup>

\_\_\_\_\_ July 8<sup>th</sup>

\_\_\_\_\_ August 19<sup>th</sup>

\_\_\_\_\_ July 15<sup>th</sup>

\_\_\_\_\_ August 26<sup>th</sup>

\_\_\_\_\_ July 22<sup>nd</sup>

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

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

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