

Westminster City Recreation Summer Camp

2023



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 19th

_____ July 31st

_____ June 26th

_____ August 7th

_____ July 3rd (no camp July 4th)

_____ August 14th

_____ July 10th

_____ August 21st

_____ July 17th

_____ July 24th

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

Signature: _____ Date: _____

Parent Signature: _____ Date: _____