



# COUNSELOR IN TRAINING APPLICATION

Camp registration form to be completed after acceptance into the program

**TO BE COMPLETED BY CIT APPLICANT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

E-mail \_\_\_\_\_ School \_\_\_\_\_

Have you ever volunteered with the Y before?  Yes  No

Do you have previous camp experience?  Yes  No

If yes, where? \_\_\_\_\_ as a  camper  CIT  volunteer  staff

Do you have experience as an LIT?  Yes  No

If yes, where? \_\_\_\_\_

If yes, what did you learn or gain from the LIT program?

**There are a lot of things to do this summer, why do you want to be a CIT?**

**What qualities does a good counselor possess?**

**Which of the qualities you mentioned above do you feel are your strongest?**

**What are you hoping to gain from being in the CIT program?**

**What experience do you have working with children?**

Please provide three non-family references who can appropriately judge your character:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**If you have a resume or additional comments, please attach them to this application.** All qualified applicants will be contacted to schedule an interview. Please return completed application by mail or e-mail to the appropriate director below.

YMCA Allard Center of Goffstown:  
**Kassandra Wiggett**  
kwiggett@graniteymca.org  
YMCA Allard Center  
116 Goffstown Back Road  
Goffstown, NH 03045

YMCA Day Camp of Hooksett:  
**Karen Provost**  
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YMCA Allard Center  
116 Goffstown Back Road  
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YMCA of Greater Londonderry:  
**Gabby Brickley**  
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206 Rockingham Road  
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