



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
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