

# FLETCHER SUMMER DAY CAMP



## CIT Supplemental Application

*This form should be completed by the potential CIT and should include the best contact information for the CIT.*

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Dates interested in attending (Maximum of one 3 week session):*

**Session 1** (Jun 12-30)

**Session 2** (Jul 3 - 21 )

**Session 3** (Jul 24 – Aug 11)

*Please answer the following questions:*

**Do you have previous camp experience, if yes please explain?:**

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**Please tell us why you want to work with children as a CIT (counselor in training) and what do you think the job requires?:**

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**Please describe an accomplishment of which you're especially proud:**

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List any talents, special interests or skills that you have, which may be beneficial to working in a camp setting:

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What skills do you hope to gain from participating in our CIT program?:

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Describe an experience you've had in a volunteer capacity?:

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What is a weakness that you feel you need to work on or something you can improve throughout this year's summer camp?:

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I have read and answered the questions above and feel that my participation as a CIT will enhance the program for campers, staff and fellow CIT's.

CIT's Signature: \_\_\_\_\_

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

**Office Use Only:** *Check when completed.*

Camp Application: \_\_\_\_\_ Payment Received: \_\_\_\_\_

Supplemental Application: \_\_\_\_\_ Meeting with Program Supervisor: \_\_\_\_\_

Attend required pre-camp training: \_\_\_\_\_

