

Boys & Girls Club of Cape Cod

Counselor-in-Training Application

Print out and complete this form, along with our regular camp registration forms, and return to the
Boys & Girls Club Office by:
February 22, 2019

NAME _____

ADDRESS _____

CITY _____ ZIP _____ PHONE # _____

CURRENT AGE _____ DATE OF BIRTH ____/____/____ GRADE _____

CURRENT BOYS & GIRLS CLUB OF CAPE COD MEMBER? YES NO

HAVE YOU EVER BEEN A C.I.T OR COUNSELOR? YES NO

IF SO, WHERE AND WHEN? _____

HAVE YOU ATTENDED THIS CAMP PREVIOUSLY? YES NO

NUMBER OF YEARS AT THIS CAMP: _____(yrs)

HAVE YOU ATTENDED OTHER CAMPS? YES NO

WHAT OTHER TYPE CAMPS HAVE YOU ATTENDED? (Please list names & dates)

Please answer the following: (Use an extra piece of paper if needed)

Why do you want to become a camp counselor-in-training?

What do you expect to get out of the program as a CIT?

As a CIT, what activities and workshops would you like to lead and teach?

What certifications do you currently hold? Dates completed? (i.e. Babysitting Courses, First Aid, CPR, Lifeguard, etc.

As a CIT what qualities and talents do you feel you would bring to the Camp?

Please read the commitment statement below carefully and sign in the space provided

Counselor-in-Training commitment statement:

If chosen as a Counselor-in-Training, I will commit to understanding the requirements and responsibilities of being a good camp counselor. I will commit to regular meetings, camp fees, counselor training, camp dates and any other areas needed to perform my duties as a camp counselor-in-training. I further understand that if I do not meet the standards of a responsible counselor, I will be dismissed from my duties.

SIGNATURE _____

Parent commitment statement:

As a parent (guardian) of the youth completing this application, I understand the necessity to only select individuals that will be committed to the Camp Counselor in Training Program. I will, to the best of my ability, support and encourage this youth to uphold his/her commitment to the Boys & Girls Club of Cape Cod's C.I.T program if selected.

Parent/guardian signature _____

Date _____