

# Counselor In Training Application



Date of Application \_\_\_\_\_

Age at start of summer \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Business Phone \_\_\_\_\_ Email: \_\_\_\_\_

Present School \_\_\_\_\_

Grade Point Average \_\_\_\_\_

Please list any Extracurricular Activities:

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## Summer Camp Experience

Camp Attended	Location	Years Attended
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## Work Experience

Employer	Location	Dates of Employment
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# Questionnaire

How did you find out about the Counselor In Training Program?

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Why have you applied for the CIT Program?

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Discuss several specific skills you hope to learn during your CIT Experience.

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What qualities and talents can you share with The Arbors Camp through the CIT Program?

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In your opinion, why does The Arbors Camp provide a CIT Program to 13 and 14 year olds?

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What type of commitment are you willing to give to The Arbors Camp C.I.T. Program?

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In just a few lines, write a little bit about yourself.

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Applicant Signature

Date

Thanks!

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Parent/Guardian Signature

Date

Return Application To:

Shad Hanrahan or  
Joe Giguere  
The Arbors Kids  
999 Memorial Dr.  
Chicopee, MA 01020