



YMCA CAMP MOHAWK

2017 COUNSELOR IN TRAINING APPLICATION



Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Home Phone: _____ Family Email Address: _____

Mother/Guardian's Name: _____ Phone Number: _____

Father/Guardian's Name: _____ Phone Number: _____

Current School and Location: _____

Age as of June 21, 2017: _____ Grade in School (Fall '16): _____ GPA: _____ out of: _____

Year(s) attended Mohawk (if applicable): _____

List extracurricular activities (sports, clubs, jobs, hobbies, etc.):

List positions of leadership you hold or have held in school, church, temple or other group:

Why are you applying for the CIT Program?

What do you want to learn from this program?

Certifications: List expiration dates and type of certifications you hold (CPR for the Professional Rescuer, Standard American Red Cross First Aid, Basics of Baby-sitting, etc.)

Certification	Agency	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camp Activity Skills Inventory:

CITs assist in teaching a variety of activities. Put a "1" next to those activities in which you are accomplished; a "2" next to those activities in which you have some experience; a "3" next to those activities in which you may not have experience, but have interest in learning more about.

_____ American Sign Language	_____ Drama Production	_____ Ropes
_____ Archery	_____ Farm	_____ Rowing
_____ Arts & Crafts	_____ Field Hockey	_____ Sailing
_____ Badminton	_____ Floor Exercise	_____ Set Design
_____ Baking	_____ Friendship Bracelets	_____ Sewing
_____ Basketball	_____ Jewelry	_____ Soccer
_____ Basketry	_____ Kayaking	_____ Stamping
_____ Canoeing	_____ Lacrosse	_____ Stable Management
_____ Ceramics	_____ Nature	_____ Swimming
_____ Cheerleading	_____ Outdoor Living	_____ Tennis
_____ Chorus	_____ Painting	_____ Volleyball
_____ Creative Writing	_____ Photography	_____ Windsurfing
_____ Dance	_____ Riding	_____ Yoga
_____ Drama Method		

Please rate your swimming ability: Excellent Good Fair Non-swimmer

Please rate your horseback riding ability: Excellent Good Fair Non-rider

If you could teach any three activities at camp, what would they be, in order?

1. _____ 2. _____ 3. _____

List other camp related skills:

Other skills and knowledge which you can share with our campers:

References:

List the name, complete address, email address, and work or home phone number of three individuals who can provide testimony regarding your character. Coaches, teachers, people you have baby-sat for, supervisors of you when you volunteered for a project, etc. are all good sources. Please do not list relatives or any Camp Mohawk staff. You must provide one reference form to each reference and request that they complete the form and return it to Camp Mohawk. It is appropriate for you to provide them with a stamped envelope that you have addressed to Camp Mohawk. Mohawk staff completes verification of references at random.

1. Name of Reference _____ Phone Number _____
Email Address _____ Address _____
Relationship _____
2. Name of Reference _____ Phone Number _____
Email Address _____ Address _____
Relationship _____
3. Name of Reference _____ Phone Number _____
Email Address _____ Address _____
Relationship _____

Session:

Please check 2016 session desired:

- CIT 1 (June 25 – July 22) - \$2,645
- CIT 2 (July 23 – August 19) - \$2,645
- Either Session

I have read and understand the explanation of the Counselor-in-Training Program and would like to apply for a Counselor-in-Training position at YMCA Camp Mohawk. I agree to observe the rules of behavior for Counselor-in-Training and am willing to accept leadership responsibilities as assigned in consideration of the special rates granted to me. I understand that upon acceptance into the Program a non-refundable \$210 deposit is required. *(No deposit is required with this application.)*

I understand that acceptance into the CIT Program is dependent upon this application, 3 references and an interview process; I understand that it is a competitive process, and is not Guaranteed to all that apply.

Applicant Signature

Date

Parent/Guardian Signature

Date

Please return completed application and your **three references** by November 30, 2016.

Applicants should be sure that their references are submitted by the due date, as YMCA Camp Mohawk is not responsible for following up on incomplete applications.