

COUNSELOR-IN-TRAINING (CIT) APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____) _____

EMAIL ADDRESS: _____

CHURCH: _____

GRADE ENTERING IN FALL _____

HAVE YOU BEEN A CAMPER/VOLUNTEER/CIT AT ANOTHER CAMP BEFORE?
IF YES, WHAT CAMP AND WHAT
YEAR? _____

1. What skills or talents do you feel you can offer to the camp program in your role as a CIT?
2. What do you feel you would gain by serving as a CIT in the Camp Mercy program?
3. What extracurricular activities are you involved in your community?
4. What ELECTIVE would you like to be involved in?
5. What experiences have you had in working with children?

The program runs Nine (9) Weeks from June 19 – August 18. Please circle the weeks and times you are available.

Week 1 - June 19 – June 23

Week 2 - June 26 – June 30

Week 3 - July 5 – July 7

(No camp Monday, July 3rd and Tuesday, July 4th)

Week 4 - July 10 – July 14

Week 5 - July 17 – July 21

Week 6 - July 24 – July 28

Week 7 - July 31 – August 4

Week 8 - August 7 – August 11

Week 9 - August 14 – August 18

Signature of Applicant: _____ s.