

Westminster City Recreation Summer Camp

2020



Counselor-In-Training Application



Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Parent's phone number: _____ Work: _____

Parent Email _____

Birth Date _____ Age _____ School year next Fall _____

School _____

How did you hear about the program? _____

Have you ever been a CIT? Where? _____

Extracurricular activities: Please list any sports, clubs, hobbies you enjoy participating in, including leadership roles.

Please list any awards/honors you have received.

Describe your experiences with children and give ages.

List any summer camps you have attended.

Describe any jobs, personal experiences or volunteer opportunities that would make you an effective CIT? Why do you want to be a CIT?

What is the youngest age child you have been responsible for? _____ Oldest? _____

What age group do you prefer to work with?

6-7 year olds _____ 8-10 year olds _____

11 and up year olds _____

Please check the weeks you would like to attend:

Week of.....

_____ June 15 _____ July 27

_____ June 22 _____ Aug 3

_____ June 29 _____ Aug 10

_____ July 6 _____ Aug 17

_____ July 13 _____ Aug 24

_____ July 20

**You are not guaranteed all your weeks!

Signature: _____ Date: _____

Parent Signature: _____ Date: _____