



CAMP COUNSELOR-IN-TRAINING (CIT) APPLICATION

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Age: _____ (*CITs must be age 14-16 to participate*) T-Shirt Size: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Please check the session you would like to attend as a CIT:

- Session I: June 28 - July 16
- Session II: July 19 - August 6

Please check only one session.

Fee for CIT Training program = \$950.00. Make checks payable to The Waldorf School of Garden City.

I certify that all information provided on this application is accurate and complete.

Parent/Legal Guardian Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

EDUCATION:

School Attending: _____

Year in School: _____ Favorite Classes: _____

Additional School Activities: _____

VOLUNTEER/WORK EXPERIENCE:

1. Organization: _____ Position: _____ Year: _____ Supervisor: _____
Responsibilities: _____

2. Organization: _____ Position: _____ Year: _____ Supervisor: _____
Responsibilities: _____

3. Organization: _____ Position: _____ Year: _____ Supervisor: _____
Responsibilities: _____

References (please provide three references not including relatives):

1. Name: _____ Relationship: _____ Telephone #: _____

2. Name: _____ Relationship: _____ Telephone #: _____

3. Name: _____ Relationship: _____ Telephone #: _____

CAMP SKILLS/HOBBIES:

Please check the box next to any skills or hobbies you might have that could help you as a CIT:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Musical instruments | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Story telling | <input type="checkbox"/> Small group games | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Cultural history | <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Large group games | <input type="checkbox"/> Singing | <input type="checkbox"/> Puppetry |
| <input type="checkbox"/> Drama/Skits | <input type="checkbox"/> Dancing | |



QUESTIONS:

These questions will provide us with additional information about your interest and skills as we consider your application to be a CIT. Please answer each question below in the space provided or attach an additional sheet of paper if necessary.

1. Why are you interested in becoming a CIT at *Summer at the Waldorf School*?
2. What experiences do you have working with children between the ages of 3 and 13?
Working with adults? Working with peers?
3. How do you plan to be a POSITIVE ROLE MODEL for our summer camp participants?
4. List five words that describe your personality.

APPLICATION PROCESS:

1. Please return your application with fee to: Program Director, *Summer at Waldorf*, 225 Cambridge Avenue, Garden City, NY 11530. If you have any questions please call Carol Purdie at 742-3434 ext. 140.
2. Once your paperwork is received, your application will be reviewed by the Summer Program Director and you may be contacted for an interview.

Office Use Only:

Application Received: _____ References received: _____

Date application given to CIT Director: _____ Interview Date: _____

Notes: _____

Applicant Notified: _____ Session(s): _____