

# Counselor in Training Summer 2024 Application

## **Applicant Information**

Applicant Name

\_\_\_\_\_ (First) \_\_\_\_\_ (Last)

Grade in Fall 2024 \_\_\_\_\_

Applicant Phone Number

( ) \_\_\_\_\_

Applicant Email

\_\_\_\_\_

Address

Street Address \_\_\_\_\_

\_\_\_\_\_

State/Province/Region \_\_\_\_\_

Postal Zip Code \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

## **Parent/Guardian Information**

Name of Contact

\_\_\_\_\_ (First) \_\_\_\_\_ (Last)

Relationship to Applicant \_\_\_\_\_

Phone Number

( ) \_\_\_\_\_

Alternative Phone Number

( ) \_\_\_\_\_

Email

\_\_\_\_\_

**Preferred Session**

- 1. Sears Park Camp or Little Wonders Camp June 17 - July 12**
- 2. Sears Park Camp or Little Wonders Camp July 15 - August 19**

**Short Answer Responses**

List the characteristics you feel a CIT should have.

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Why would you like to be in the CIT program?

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What experiences have you had that would help you be a CIT?

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Is there anything else you want us to know about you? Any special talents?

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