

Counselor-in-Training Application

Name _____ E-mail _____

Mailing Address _____ Phone (____) _____

City _____ State _____ Zip _____ Cell Phone (____) _____

Local Church _____ Anticipated year of graduation _____

Recommendation by pastor or camp dean: I know this CIT applicant and recommend them as a potential counselor in the OR-ID United Methodist camping program.

Pastor or Dean Name _____ Signature _____

Parent / Guardian Name _____ Signature _____

Camp Skills:

◆ **L** before activities you can organize and lead

◆ **C** before areas in which you have current certification

◆ **A** before activities in which you can assist

◆ **T** before activities in which you would like more training

Faith Development

- ___ Faith sharing
- ___ Leading discussions
- ___ Prayer
- ___ Storytelling
- ___ Using the Bible at camp

Worship & Music

- ___ Campfire/morning watch
- ___ Dance
- ___ Drama
- ___ Song leading
- ___ Music instrument (list) _____

Camper Health & Safety

- ___ Counselor responsibilities
- ___ CPR (exp.date _____)
- ___ First Aid (exp.date _____)
- ___ Other _____

Arts & Crafts

- ___ Ceramics/pottery
- ___ Drawing/painting
- ___ Photography

Camper Guidance

- ___ Active listening
- ___ ADHD/ special needs
- ___ Behavior management
- ___ Conflict resolution
- ___ Living with diversity
- ___ Positive discipline

Recreation & Games

- ___ Baseball/softball
- ___ Basketball
- ___ Challenge course
- ___ Cooperative games
- ___ Group initiatives
- ___ Inclusive games
- ___ Informal games
- ___ Soccer

Outdoor Skills & Crafts

- ___ Archery
- ___ Backpacking
- ___ Ecology studies
- ___ Fire building
- ___ Fishing
- ___ Horsemanship
- ___ Nature crafts
- ___ Outdoor cooking

Waterfront Activities

- ___ Boating
- ___ Canoeing
- ___ Kayaking
- ___ Sailing
- ___ Swimming
- ___ Water safety
- ___ wind surfing

Camp Experience

<u>Name of Camp</u>	<u>Location</u>	<u>Role</u>	<u>Years Involved</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Related Leadership or Work Experience

Leadership courses taken: _____

Work/Volunteer experience: _____

Experience working with kids: _____

Which age group do you prefer to work with? _____ K-2 _____ 3-4 _____ 5-6 <over>

References – Please give names and addresses of two adults who have observed your ability to work with children. State when and under what circumstances they have known you.

Name:
Address:
Phone Number:
Relation to Applicant:

Name:
Address:
Phone Number:
Relation to Applicant:

Please write a brief statement on the following

1. In your own words, describe what impact you think camp can have on campers, socially and spiritually.

2. How can you as a counselor help campers grow socially & spiritually, based on your answer to #1?

Mail this form to the camp at least 2 weeks before your event