



COUNSELOR IN TRAINING (CIT) APPLICATION

FRIENDS ACADEMY SUMMER CAMPS

(516) 393-4207 fax (516) 465-1720



Name _____

Date of Application _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Parent or Guardian _____

Years at Friends Academy Summer Camps _____

School _____

Date of Birth _____

Have you attended other Camps in previous years? yes no What Camps? _____

Transportation? YES NO Would you be willing to assist as a bus counselor? YES NO

I would like to be a CIT for: General Camp _____ if yes what ages (3-7yrs) _____

I would like to be a CIT for: The Academy _____ if yes, what Program(s) (See Enrollment form)

List choices: _____

Please complete the following questions:

I would like to be a CIT at Friends Academy Summer Camps this summer because

My camping experience is

My other experiences working with children are

My personal goals for the summer are

Signature _____

Date _____



CIT REFERENCE FORM

**References can be given by your
Teacher, past Employer, or Family friend**



_____ has applied for a position as a
counselor-in-training (CIT) at Friends Academy Summer Camps. Your
assessment of his/her abilities in the following areas would be greatly appreciated.

Please circle one:	Great	Satisfactory	Needs Improvement
Leadership ability	1	2	3
Initiative	1	2	3
Dependability	1	2	3
Working with peers	1	2	3
Attentiveness	1	2	3
Punctuality	1	2	3
Responsibility	1	2	3
Working with children	1	2	3
Diligent worker	1	2	3
Enthusiasm	1	2	3
Maturity of judgment	1	2	3

How long and in what capacity have you know the applicant?

Additional comments:

Signed _____

Date _____