

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