



CIT Application
Winter Camp

_____ **Date of Application**

Name _____ **Social Security Number** _____

Date of Birth _____ **Age as of this coming February** _____

Permanent Address _____ **Phone** _____
Street & Number City State Zip

E-mail Address _____ **Cell Phone** _____

School Name _____ **Grade** _____

Address _____
Street & Number City State Zip

Parents' Names:

Mother _____ **Phone Numbers** _____

Address _____

Father _____ **Phone Numbers** _____

Address _____

Description of CIT Responsibilities

CITs help counselors care for campers, do many daily camp chores in the kitchen, dining room, grounds, barns, etc., and help organize some of the special activities. The CIT director supervises CIT's. The primary goals of the program are to help participants recognize themselves as leaders, teachers, and positive role models, and to understand what goes into making camp an unforgettable experience for the young people in our care.

CITs must enjoy working with children, embrace and work with the fun and challenges of intense community living, be willing to take initiative and work hard, be willing to give up many personal freedoms and comforts, display outstanding character, and be enthusiastic, creative, self-directed leaders.

Are there any reasons you may have difficulty performing any of the essential elements of the job of CIT?

___ Yes ___ No If yes please explain _____

Camp Experience:

If you have ever been to camp, describe your experience including good or bad memories. If you have never been to camp, describe an experience you think helped prepare you to be a CIT:

Have you ever lived in a place where you had regular chores like cleaning your room, the kitchen, or a bathroom? Please describe the experience:

Activities

The following activities are typical at Winter Camp: Nordic Skiing, Snowshoing, Ice skating, Hockey, Cooking, Sledding, Arts and Crafts, and Cooperative Games (indoor and outdoor). Please tell us what activities you have experience with or would like to learn more about.

References (Please give the names/addresses of 3 persons [not relatives] having knowledge of your character, experience and ability)

Name	Address & city	Phone

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

Signature _____ **Date** _____

Parent Signature _____ **Date** _____

All statements become part of any future employee personnel files.

Please return to: **CIT Program—Winter Camp**

Camp Glen Brook, 35 Glen Brook Road Marlborough, NH. 03455

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