



YMCA CAMP RALPH S. MASON
CAMP MASON COUNSELOR-IN-TRAINING APPLICATION

THANK YOU FOR YOUR INTEREST IN CAMP MASON'S CIT PROGRAM. THIS DOCUMENT MUST BE SUBMITTED WITH A CAMPER APPLICATION AND WILL BE REVIEWED BY THE CAMP DIRECTOR PRIOR TO ACCEPTANCE. *PLEASE NOTE THAT CIT APPLICANTS MUST BE 16 YEARS OLD AND FINISHED WITH THE 10TH GRADE.*

CAMPER NAME: _____

MALE FEMALE DATE OF BIRTH: _____ FINISHED GRADE: _____ SHIRT SIZE: S M L XL XXL

PLEASE INDICATE THE DATES OF YOUR PROGRAM:

CIT SESSIONS: SESSION 1: JUNE 24 – JULY 21, 2012 SESSION 2: JULY 22 – AUGUST 18, 2012

WHY DO YOU WANT TO PARTICIPATE IN THE LEADERSHIP PROGRAM?

WHAT DO YOU EXPECT TO GAIN FROM THE LEADERSHIP PROGRAM?

WHAT QUALITIES DO YOU THINK CHARACTERIZE A GOOD LEADER?

DESCRIBE ANY EXTRA-CURRICULAR SCHOOL, CHURCH, TEAM, OR CLUB ACTIVITIES THAT YOU LEAD OR VOLUNTEER:

DESCRIBE ANY JOBS YOU HAVE HELD IN WHICH YOU WERE RESPONSIBLE OR RESOURCEFUL IN THE WORKPLACE:

PLEASE CIRCLE ANY HOBBIES OR SKILLS YOU HAVE THAT COULD BE BENEFICIAL TO THE CAMP PROGRAM:

SOCCER	DRAMA	SKATEBOARDING	ARTS & CRAFTS	LOW ROPES
HIGH ROPES	HIKING	OUTDOOR COOKING	FISHING	DANCE
ARCHERY	RIFLERY	BASKETBALL	BOAT / CANOEING	RIVER RAFTING
SWIMMING	HORSEBACK	FIRE BUILDING	ROCK CLIMBING	OVERNIGHT CAMPING
VOLLEYBALL	FRISBEE	SOFT/BASEBALL	MT. BIKING	MARTIAL ARTS
NATURE	MUSIC	FOOTBALL	DISC GOLF	STREET HOCKEY

PLEASE CIRCLE ANY CURRENT CERTIFICATIONS YOU HOLD:

LIFEGUARD FIRST AID/CPR ARCHERY RIFLERY OTHER: _____

PLEASE LIST THREE PERSONAL OR PROFESSIONAL REFERENCES:

NAME	PHONE	EMAIL

OUR LEADERSHIP PROGRAMS ARE VERY SELECTIVE. WE HAVE HIGH EXPECTATIONS FOR THE CAMPERS WHO PARTICIPATE. PLEASE READ AND CONSIDER THE FOLLOWING BEFORE SUBMITTING THIS APPLICATION:

- WE HAVE RESERVED THESE SLOTS FOR CAMPERS WHO TRULY SHOW LEADERSHIP POTENTIAL AND HAVE A DESIRE TO EXCEL IN THE CAMP SETTING.
- THE EXPECTATIONS FOR CIT BEHAVIOR ARE HIGH SINCE YOUNGER CAMPERS WILL LOOK UP TO YOU. WE ASK THAT YOU ENTER THIS PROGRAM WITH THE UNDERSTANDING THAT YOU ARE ROLE MODELS, AND TO BEHAVE ACCORDINGLY.
- WE ASK THAT YOU ARE WILLING TO PARTICIPATE FULLY IN ALL THE CAMP PROGRAMS AND ACTIVITIES AND BE A POSITIVE INFLUENCE ON THE CAMP COMMUNITY.
- WE EXPECT THAT YOU WORK COOPERATIVELY WITH THE CAMP STAFF TO PROVIDE THE BEST POSSIBLE ENVIRONMENT FOR YOU, YOUR FELLOW CIT'S, AND OTHER CAMPERS.
- YOU AGREE TO FOLLOW ALL THE RULES OF CAMP TO ENSURE IT'S A SAFE PLACE FOR CHILDREN AND STAFF ALIKE TO LEARN AND GROW.

IF YOU AND YOUR GUARDIAN AGREE AND UNDERSTAND THESE TERMS, PLEASE SIGN BELOW:

YOUR SIGNATURE: _____ DATE: _____

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____