



# COUNSELOR IN TRAINING APPLICATION CAMP DARK WATERS

P.O. BOX 263  
MEDFORD, NJ 08055  
(609) 654-8846

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Years Attended Camp Dark Waters \_\_\_\_\_

Session You Are Applying For (Please Circle One) June 21 – July 19 or July 20 – August 16  
Is this the only session you are available to be a CIT for? \_\_\_\_\_

### PREVIOUS CAMP EXPERIENCES

Name of Camp \_\_\_\_\_ Year(s) attended \_\_\_\_\_ Camper or Staff \_\_\_\_\_  
Name of Camp \_\_\_\_\_ Year(s) attended \_\_\_\_\_ Camper or Staff \_\_\_\_\_  
Name of Camp \_\_\_\_\_ Year(s) attended \_\_\_\_\_ Camper or Staff \_\_\_\_\_

### EXPERIENCES WORKING WITH CHILDREN

1. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_
2. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

### OTHER WORK EXPERIENCES

1. Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_
2. Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

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Why do you want to be a Counselor-In-Training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What opportunities have you had to be a leader?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rank the following groups that you think you'd like to work with. 1-4 (1 is the highest) \_\_ 7-8 year olds, \_\_ 9-10 year olds, \_\_ 11-12 year olds, \_\_ 13-14 year olds

Why did you pick your highest group? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Why did you pick your lowest group?** \_\_\_\_\_

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**If you could pick your “perfect day” at camp, what four activities would you choose to participate in?**

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**What do you think is your strongest personal characteristic?**

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**What personal characteristic would you most like to improve?**

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**Rate yourself on the following qualities (1-10) 1 = poor, 10 = excellent**

**Patience\_\_\_ Sense of Humor\_\_\_ Motivation\_\_\_ Ability to Follow Orders\_\_\_ Honesty\_\_\_  
Common Sense\_\_\_ Flexibility \_\_\_ Resourcefulness\_\_\_ Time Management\_\_\_ Self  
Discipline\_\_\_**

**What do you imagine will be your greatest difficulty while at camp?** \_\_\_\_\_

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**What Contributions do you think a well-run camp can make to children?** \_\_\_\_\_

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**What contributions do you think you can make at camp?** \_\_\_\_\_

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**What do you think you will gain from being a Counselor-In-Training this summer?**

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## References

Please list at least 3 people. No more than 1 may be related.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_
  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_
  
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_
  
4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_