

# YMCA Camp Sloper

Southington-Cheshire Community YMCAs

## Counselor-In-Training Application

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City, State, Zip Code)

HOME PHONE: \_\_\_\_\_ GRADE NEXT FALL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_  
(NAME & RELATION)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLEASE LIST **THREE REFERENCES**: (1 relative and 2 non relatives\*\*)

1. \_\_\_\_\_  
NAME ADDRESS PHONE #

2. \_\_\_\_\_  
NAME ADDRESS PHONE #

3. \_\_\_\_\_  
NAME ADDRESS PHONE #

\*\*\* Please have each of the references listed above complete the attached *Reference Questionnaire* and return it to the YMCA with your application \*\*\*

PLEASE LIST ANY **CAMP EXPERIENCE**: (List your most recent experience first)

CAMP	YEAR	EXPERIENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following is a list of some everyday camp activities you as a CIT would encounter. Please put a “1” next to any that you can assist in teaching. Put a “2” next to any that you are interested in learning about.

### Everyday Camp Activities

- \_\_\_ Arts & Crafts (painting, art projects, jewelry, etc...)
- \_\_\_ Nature (hiking, nature crafts, environmental awareness, etc...)
- \_\_\_ Archery (bow and arrows)
- \_\_\_ Ropes (climbing tower, low challenge course, new games)
- \_\_\_ Performing Arts (acting, singing, dancing, etc ...)
- \_\_\_ Field Games (soccer, kickball, softball, etc ...)
- \_\_\_ Waterfront (swimming lessons, boating, canoeing, etc ...)
- \_\_\_ Other, please list: \_\_\_\_\_

Which **age group** would you prefer to work with? Please rank them in order.  
(1 being your first choice)

- \_\_\_ 3-5 yrs. old (Wanderers)                      \_\_\_ 4<sup>th</sup> – 5<sup>th</sup> Grades (Pioneers)
- \_\_\_ Kindergarten - 1<sup>st</sup> (Sloperians)            \_\_\_ 2<sup>nd</sup> - 3<sup>rd</sup> Grades (Explorers)
- \_\_\_ Specialty Camp East (\_\_\_\_\_)

### CERTIFICATIONS

Please check any certifications you currently hold!

Certification	Expiration	Certification	Expiration
___ Stand. 1st Aid	_____	___ Ropes	_____
___ Adv. 1st Aid	_____	___ WSI	_____
___ CPR	_____	___ Jr. Lifeguard	_____
___ Others	_____		

Please complete the following questions:

1. What qualities do you think make an effective leader?

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2. How would a camper benefit from spending two weeks in camp with you?

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3. Give five good reasons the YMCA would want to choose you as a CIT?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

4. What are your expectations of the CIT program?

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5. Please include anything else you feel would help you gain admittance into the CIT program.

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# Important Information:

- Camp policy requires all CIT's to have had a physical within the past 3 years and provide a current medical form before attending camp.
- Smoking or the consumption of alcoholic beverages is not allowed; any CIT found involved in these activities during camp will result in immediate dismissal from the program. Refunds will not be given for a CIT dismissed for disciplinary reasons.
- Completion of the CIT Program does not guarantee a staff position. CIT's will be evaluated on their performance and interviewed the following year for Junior Counselor positions.
- The CIT program is a four week long commitment! ALL CITs MUST ATTEND AND COMPLETE FIRST TWO WEEKS OF THE PROGRAM. If you are not able to attend either the 3<sup>rd</sup> or 4<sup>th</sup> week of the CIT program, we can reschedule a make-up week later in the summer.
- CIT applications must be completed and returned to the Southington Community YMCA, 29 High Street c/o Mark Pooler by June 1<sup>st</sup>.

**Being involved with our day camp program is a serious obligation. There is a strong responsibility to each child and as a CIT, you are expected to live up to the expectations of the program, which are as follows:**

- Responsibility for your own actions as well as those of your assigned group.
- To present yourself as a good role model for children.
- To respect each member of the YMCA Camp Sloper community, staff, campers, and fellow CIT's.
- To take your position at YMCA Camp Sloper seriously and perform to the best of your ability.

**Our camp is conducted with the YMCA mission in mind:** *"To put Christian Principles into practice through programs that build a healthy spirit, mind and body for all."*

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**\*All CIT applicants must complete an application and go through an interview process before being accepted into the program – however, you may complete the registration form and pay the deposit & camp improvement fee prior to the interview!** For more information, contact YMCA Camp Sloper, 860-621-8194.  
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I state that the information on this application is true, complete and correct.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return this application and the 3 reference forms to the Southington Community YMCA by June 1st.**

# YMCA Camp Sloper

Southington-Cheshire Community YMCAs

## CIT Reference Questionnaire #1

Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

This person has given your name as a reference that could evaluate his/her character. Please give careful consideration to the questions asked about the applicant. **Remember that this individual will be a role model for a group of young children.** You as a reference are expected to answer openly and honestly about our leaders of tomorrow!

Please answer the following questions:

Describe the relationship you have had with this applicant and for how long?

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Why would this individual be a positive role model for children? Please Explain.

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# YMCA Camp Sloper Counselor-In-Training Questionnaire

How would YMCA Camp Sloper benefit from having this individual as a CIT?

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Are you aware of any problems/concerns that might interfere with this applicant's ability to perform the CIT position?

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May we call you for further information?                      Yes                      No

The YMCA Camp Sloper staff greatly appreciates your time and effort. Selecting a positive role model for children is no easy task! Your assistance in our program will make our difficult selection process easier, enabling us to choose the best candidates for the position. Thank you!

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

# YMCA Camp Sloper

Southington-Cheshire Community YMCAs

## CIT Reference Questionnaire #2

Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

This person has given your name as a reference that could evaluate his/her character. Please give careful consideration to the questions asked about the applicant. **Remember that this individual will be a role model for a group of young children.** You as a reference are expected to answer openly and honestly about our leaders of tomorrow!

Please answer the following questions:

Describe the relationship you have had with this applicant and for how long?

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Why would this individual be a positive role model for children? Please Explain.

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

# YMCA Camp Sloper

Southington-Cheshire Community YMCAs

## CIT Reference Questionnaire #3

Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

This person has given your name as a reference that could evaluate his/her character. Please give careful consideration to the questions asked about the applicant. **Remember that this individual will be a role model for a group of young children.** You as a reference are expected to answer openly and honestly about our leaders of tomorrow!

Please answer the following questions:

Describe the relationship you have had with this applicant and for how long?

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Why would this individual be a positive role model for children? Please Explain.

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# YMCA Camp Sloper Counselor-In-Training Questionnaire

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_