



**SUMMER CAMP COUNSELOR-IN-TRAINING  
(CIT) APPLICATION  
PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Have you ever attended ConnectiKids summer program?  Yes, Year Attended: \_\_\_\_\_  No

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**EDUCATION**

School/Organization: \_\_\_\_\_

Year in School: \_\_\_\_\_ Favorite Classes: \_\_\_\_\_

Additional School Activities: \_\_\_\_\_

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**VOLUNTEER/WORK EXPERIENCE**

1. Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

2. Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

3. Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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## CAMP SKILLS/HOBBIES

**Please check the box next to any skills or hobbies you might have that could help you as a CIT.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Large group games   | <input type="checkbox"/> Small group games |
| <input type="checkbox"/> Hiking                | <input type="checkbox"/> Drama/Skits         | <input type="checkbox"/> Arts and crafts   |
| <input type="checkbox"/> Story telling         | <input type="checkbox"/> Musical instruments | <input type="checkbox"/> Singing/Dancing   |
| <input type="checkbox"/> Trail safety          | <input type="checkbox"/> Forest Ecology      | <input type="checkbox"/> Water Ecology     |
| <input type="checkbox"/> Cultural History      | <input type="checkbox"/> Language Arts       | <input type="checkbox"/> Compass and Map   |
| <input type="checkbox"/> Orienteering/GPS      | <input type="checkbox"/> Wildlife            | <input type="checkbox"/> Working w/Adults  |

## QUESTIONS

These questions will provide us with additional information about your interest and skills while considering you as a CIT. Please answer each question below in the space provided or attach an additional sheet of paper if necessary.

1. Why are you interested in becoming a CIT at ConnectiKids summer program? What skills would you like to obtain as a CIT?
2. What experiences do you have working with children between the ages of 6 to 14? Working with adults? Working with peers?
3. Describe your favorite memory as a child.
4. How do you plan to be a POSITIVE ROLE MODEL for our summer camp participants?
5. Explain how you would deal with a challenging camper?
6. List five words that describe your personality.
7. Do you have any physical limitations that we should be aware of?
8. Do you have any concerns about being a CIT?
9. Are you currently certified in First Aid and CPR?  Yes  No Date Issued: \_\_\_\_\_
10. Do you have any other certifications that we should know about?

**If selected, you must attend a training/orientation session at the ConnectiKids Office (814 Asylum Ave, Hartford CT 06105)**

*The orientation date: **TBD in the last week of June***

*I certify that all information provided on this application is accurate and complete.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICATION PROCESS**

**Please return your application to** Kiera Steele at the ConnectiKids office or via email [ksteele@ct-kids.org](mailto:ksteele@ct-kids.org)

Once your paperwork is complete, ConnectiKids will review your application and you will be contacted for an interview. The CIT positions are on a first-come-first serve basis until all positions are filled.

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**Office Use Only:**

Application Received: \_\_\_\_\_ References Received: \_\_\_\_\_

Application Given to Program Director: \_\_\_\_\_ Interviewer \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

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Application Notified \_\_\_\_\_ Session/s: \_\_\_\_\_