

# Counselor-In-Training Application

Open to youth going into 11th grade

## Camp Y-Owasco

Auburn YMCA-WEIU

### Instructions/Process:

- 1.) The CIT program is ONLY open to youth going into 11th grade.
- 2.) Youth wishing to participate in the CIT program must complete this application.
- 3.) Give the 3 reference forms (attached) to 3 people who know you well and are not related to you. Include an envelope you've already stamped and address to the YMCA address below—or ask them to drop it off at the Y.
- 4.) Turn in or mail your application to the YMCA address below. Your references may come separately.
- 5.) Once the application and all 3 references are turned into the Camp Director, you \*may\* get a phone call to schedule an INTERVIEW.
- 6.) Eventually, you will get a letter stating whether you have been accepted into the CIT program.
- 7.) If you are accepted, you must register. Please do not register until you hear whether you are accepted.

For questions and additional information, contact the Camp Director at  
**Gracem@auburnymca.net** or 315-253-5304, ext 1015.

Return completed applications to:

Gracie Murphy, Camp Director  
Auburn YMCA-WEIU  
27 William Street  
Auburn, New York 13021

Be advised that CIT is a SELECTIVE PROGRAM. Applicants are chosen for their potential as a CIT and future staff—not for the number of summers spent as a camper. **Applicants should wait until they receive notice of acceptance before they register for the CIT program.**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Camp Y-Owasco**  
**Counselor-In-Training Application**  
 Open to youth entering 11<sup>th</sup> grade

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**School:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

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

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

**Phone Number:** \_\_\_\_\_

**Experience in organizations & clubs:**

Name of Club	# years	Leadership positions
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Camp Experience:**

Name of Camp	# years
1. _____	_____
2. _____	_____

**Other Positions of Responsibility/Leadership** # years

1. _____	_____
2. _____	_____
3. _____	_____

**Check once (x) the activities that interest you and check twice (xx) those activities which you have taught or led.**

- |                          |                           |
|--------------------------|---------------------------|
| _____ Swimming           | _____ Low Ropes Adventure |
| _____ Snorkeling         | _____ Archery             |
| _____ Canoeing/Kayaking  | _____ Fishing             |
| _____ Sailing            | _____ Nature              |
| _____ Waterskiing        | _____ Fire Building       |
| _____ Drama/Skits/Acting | _____ Outdoor cooking     |
| _____ Riflery            | _____ Arts & crafts       |
| _____ Group singing      | _____ Drawing & Painting  |
| _____ Group games        | _____ Orienteering        |
| _____ Athletics          | _____ Dance               |

**Please name two of your strengths:** \_\_\_\_\_

\_\_\_\_\_

**Please name two of your weaknesses:** \_\_\_\_\_

\_\_\_\_\_

**Please tell us about a time (a real-life example) when you were a role model to someone else.**

**If you have been to summer camp before (ANY camp), what is your favorite camp memory?**

**Please list the names of three references (not relatives) and have them submit the attached forms.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**On a separate sheet of paper, please write a brief essay on each of the following topics and attach them to this application:**

1. Why I wish to participate in the Camp Y-Owasco CIT Program.
2. What I would contribute to Camp Y-Owasco as a CIT and a Counselor.

AUBURN YMCA-WEIU  
Camp Y-Owasco

C.I.T. REFERENCE FORM

To CIT Program Applicant:

1. Enter your name on line below, along with other information asked for.
2. Give this form to your reference with a Stamped envelope addressed to:  
Melissa Cartner, Camp Director  
Auburn YMCA-WEIU  
27 William St.  
Auburn, NY 13021

To the Person Completing Form:

The applicant named below wishes to be a Counselor-In-Training at Camp Y-Owasco and asks that you help us by checking under the heading that most nearly describes him/her. Feel free to make additional notes on the back of the form. The reference will be confidential. Your prompt and helpful response is appreciated.

Applicant Name \_\_\_\_\_

Position Applying For \_\_\_\_\_ Counselor-In-Training \_\_\_\_\_

Is the applicant:	Not Observable	Above Average	Average	Below Average
1. An excellent role-model for kids to emulate?				
2. Reliable?				
3. Flexible, able to shift program direction on short notice?				
4. Loyal, supports both verbally and in action his/her peers and employer?				
5. Stamina: Can he/she work long hours at peak performance?				
6. Able to complete assigned work, follow through with attention to detail?				
7. Independent: Completes work without supervision?				
8. Neat in personal appearance?				
9. Have a reputation for honesty and integrity?				

If you were a parent, would you be happy to have this person as your child's caregiver? \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

Organization/Company: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list on the back any additional comments. Information about the candidate's interests, experience/skills in working with children will be helpful.

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