



# YMCA CAPE COD

## Summer Camps Counselor-in-Training

### APPLICATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade Completed in June: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever participated in a YMCA program before? If yes, which ones?

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

Please list any club experience, school organizations, or other group(s) that you are a member of.

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

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

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

Please list any work experience that you may have: \_\_\_\_\_

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

Please answer the following questions as best as you can. Your response does not need to be long; there are no "right" answers. Please be honest.

1. What is your main motivation for wanting to apply and participate in a YMCA Cape Cod Counselor-in-Training program?

2. What do you think is your most important characteristic or trait that will contribute to improving Camp Lyndon?

3. What goals or objectives do you seek to achieve through this program?

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Please list two references (other than relatives)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Do you anticipate missing any days of the program? If yes, what dates? \_\_\_\_\_

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Do you currently hold any swimming or other certification? If yes, what? \_\_\_\_\_

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Please list any hobbies or special interests: \_\_\_\_\_

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Please review the list of activities below and check the activities that you feel comfortable in assisting, or that you feel you could help organize and plan.

Swimming    Drama    Arts and Crafts

Hiking    Group Games    Water Games

New Games    Basketball    Soccer

Other team sports, please list: \_\_\_\_\_

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Other activities, please list: \_\_\_\_\_

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Circle the age group that you would most prefer to work with:

3-5 years old                  6-7 years old                  8-9 years old

Comments:

There are some minimal fees for the Teen Leadership Programs at the YMCA Cape Cod. CITs are expected to pay for any overnights or field trips they may plan for themselves during the summer. If at any time a CIT violates any of the YMCA rules or philosophies, the training for the individual will be terminated immediately. The Teen Coordinator and the Camp Director make final decisions.

CITs will need to bring with them **each day:** lunch and snack, bathing suit and towel, clothing appropriate to the weather or expected weather conditions.

By signing below I state that the information in the above application is true. I agree to follow all program expectations and requirements to the best of my ability. I further understand that upon acceptance into the YMCA Cape Cod Summer Camps Teen Leadership program, I will need to proceed with the camp registration process for CITs as established by the YMCA Cape Cod.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For office use only:**

Application received:

Applicant interviewed:

Decision:

Summer session(s):

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