

DEER CROSSING CAMP

Counselor-in-Training Program (CIT)



Name _____ Date _____

Address _____

No. Street City State Zip

Phone _____ Email _____ Birthdate _____

Extracurricular Experience in clubs, school organizations, honor societies, sport teams, etc.

| Group | Title/Position (capt., pres., sec., member) | Awards | Dates |
|----------|---|--------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Work Experience (brief description) _____

Camp Experience

| Name of camp | Address | Dates |
|--------------|---------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Certifications (indicate current (c), or expired (e).

____ First Aid ____ CPR ____ Lifesaving ____ Red Cross Swim Test ____ Kayaking ____ Sailing ____ Windsurfing

Activities Check once the activities which are your special interests or skills. Check twice those which you have taught or led:

____ Windsurfing ____ Swimming ____ Backpacking ____ Arts & Crafts ____ Archery
____ Canoeing ____ Nature Study ____ Guitar ____ Rock Climbing
____ Sailing ____ Fishing ____ Orienteering ____ Campfire Program
____ Kayaking ____ Volleyball ____ Tracking Other _____

Statements

Please write a brief one paragraph response to the following question and attach to the application:

Why do you wish to participate in the Counselor-in-Training Program?

References Please give the enclosed reference forms to two persons (not friends or relatives) who are familiar with your character, interests and abilities, such as teachers, coaches, employers, school counselors. Request that they return the form directly to Deer Crossing Camp. Enclosed are envelopes for their convenience.

Mail this application to: **DEER CROSSING CAMP**
Sierra Foothills Office
1919 Ridge Road
Mokelumne Hill, CA 95245

Phone: 209-293-2328

Email: mail@deercrossingcamp.com