SENECA WATERWAYS SCOUT CAMPS BOY SCOUTS OF AMERICA

MUST BE 14 OR 15 ON JUNE 30TH

COUNSELOR IN TRAINING APPLICATION

I wish to apply to be a CIT at: ___Massawepie Scout Camps ___Cub Scout Adventure Camp

Name: _____ Social Security #: _____

Address: _____ City _____ Zip:_____

Phone #: _____ Date of Birth: _____ Age on 6/30/11_____

School: _____ Current Grade: _____

E-Mail Address: _____

SCHOOL/CHURCH ACTIVITIES (Honors, Clubs, Groups, Sports, Etc.)

_____

_____

_____

SCOUTING RECORD

Unit #:_____ District: _____ Meeting Place: _____

Current Rank: _____ Date Awarded: _____

Troop Leadership Positions:

_____

Other Honors or Achievements (e.g. Order of the Arrow, Religious emblems etc…)

_____

In what Council Scouting activities have you participated? (e.g. JLT, Philmont, Jamborees etc…)

_____

Number of years you have attended Summer Camp: _____

Which Scout skills are your strongest?

_____

Which Scout skills are your weakest?

_____

Briefly explain why you are interested in being a CIT this summer.

_____

_____

_____

PERSONAL REFERENCES (Please do not use relatives)

NAME	**ADDRESS**	**PHONE**
_____	_____	_____
(Scouting Reference)		
_____	_____	_____
(Church or School Reference)		
_____	_____	_____
(Other)		

I understand that at least one of my parents (guardian) must accompany me to the interview. I also
understand I must be 14 years old the time spent in camp to participate in the CIT Program.

Applicant's Signature: _____

PARENT'S APPROVAL: I approve my child's application for the Counselor-in-Training program. I will attend his interview. I also understand that he must
be 14 years old by the time spent in camp to participate in the CIT
program and must obtain a working permit if selected.
Parent's (Guardian's) Signature:
_____
BEFORE SENDING YOUR APPLICATION, GET YOUR UNIT LEADER APPROVAL!
Unit Leaders Recommendation:
I recommend the applicant. I have known him for _____ years.
Comments:
_____
_____

Unit Leaders Signature: _____ Date: _____
_____

OFFICE USE ONLY

Date Interviewed: _____ By:_____

Will Participate in CSAC CIT-Dates -
_____

Will Participate in Massawepie CIT Session #1 ___ Session #2 ___

Comments:
_____
_____