

# Massawepie Scout Camps

## Counselor in training application



Must be at least 14 years old by date of arrival at camp.  
Please print neatly.

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

Unit #: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

School: \_\_\_\_\_ Social Security #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

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### SCOUTING RECORD

Troop Leadership Positions: \_\_\_\_\_

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

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

What are your favorite areas at camp? (e.g. Scoutcraft, Waterfront, etc...)

Number of years you have: been active in Scouting \_\_\_\_\_ 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.

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**Please return to:**  
**Massawepie Scout Camps, 474 East Avenue, Rochester, NY 14607**

**PERSONAL REFERENCES** (Please do not use relatives)

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

**Applicant and Parent Signatures** (Please read the following):

We understand that a positive attitude and excellent behavior is essential to participation in this program. Should either behavior or attitude become an issue the CIT will be sent home and parent/guardians will need to provide immediate transportation. We understand that the applicant and a parent/guardian will be required to participate in an interview. We understand that if selected we will need to purchase uniform items.

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

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

**Scoutmaster Approval** (Please use another leader if Scoutmaster is a relative)

Please grade Scout on the following items (scale of 1 to 5, with 5 being great):

Leadership Ability _____	Dependability _____	Teamwork _____
Cheerfulness _____	Teaching Ability _____	Helpfulness _____
Obedience _____	Self-Motivating _____	Scout Spirit _____

Scoutmaster Signature \_\_\_\_\_

Please contact me for additional information

Name (print) \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Additional comments can be sent directly to [s.weisenreder@senecawaterways.org](mailto:s.weisenreder@senecawaterways.org) or 585-241-8547

***OFFICE USE ONLY***

Date Interviewed: \_\_\_\_\_ By: \_\_\_\_\_

Selection YES NO Session #1 \_\_\_\_\_ Session #2 \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_