



Submit completed application to our
Camp Director, Nicki White, by
emailing: camp@dsrclub.com

Counselor in Training (CIT) Application

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
- _____ Canoeing/Kayaking
- _____ Drama/Skits/Acting
- _____ Group Singing
- _____ Nature
- _____ No-bake Cooking

- _____ Arts & Crafts
- _____ Drawing & Painting
- _____ Athletics
- _____ Dance
- _____ Group Games

Please name two of your strengths.

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 contact information for 3 references:

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone#: _____

Please include anything else that you feel is relevant for us to know about you.

List your parent(s) contact information, names, email address, and phone number.

List the weeks that you are available this summer. Camp runs from June 17 to Aug 21.