

2010 Counselor-In-Training Program Application

Name _____ Troop/Crew # _____
Address _____ Town _____ Zip _____
Phone # _____ email _____
Age on July 1, 2010 _____ Rank in Scouting _____

Please identify which week(s) you would like to participate in the CIT program.

Counselors-in-Training must choose weeks that are different from the time that their troop is in camp. We will confirm your participation dates based on your availability and the camp scheduling needs.

Camp Dittmer: participant fee is \$100 per Scout Camp week

_____ Week 1 (July 4-10) _____ Week 2 (July 11-17) _____ Week 3 (July 18-24)

Camp Sam Wood: participant fee is \$50 per Cub Resident session

_____ Session 1 (July 26-29) _____ Session 2 (July 30-Aug 2)
_____ Session 3 (Aug 2-5) _____ Session 4 (Aug 6-9)

I hereby make application for the Iroquois Trail Council Counselor-in-Training program. In accordance with the principles of the organization, I subscribe to the Scout Oath and Law and Declaration of Religious Principle. I agree to be loyal to, and cooperate fully with, all BSA policies and program management guidelines including those described in this application. Upon application, I further agree to submit a correct and complete Health and Medical Record. I understand that a personal interview is required with the Camp Director or Program Director before the application will be approved. I have read the CIT program description and agree to follow the guidelines it sets forth.

I understand that this program is intended to be a training program for potential future staff members at Iroquois Trail Council camps. Participation in the program does not guarantee future employment, but does provide the Scout / Venturer with additional training and background useful for Camp Staff members. Program participants are not staff members, and will be treated as campers in regard to supervision and daily scheduling. Counselors-in-Training will have exposure to a variety of jobs and other duties common to staff members.

I hereby declare that the information provided by me in this application is complete and accurate to the best of my knowledge. I understand that any falsification or misrepresentation in this application may be cause for dismissal from the program.

Signature of Scout / Venturer Applicant Date

Signature of Parent Date

Signature of Scoutmaster / Crew Advisor Date

Interview Date & Time: _____ Interviewer: _____

Accepted _____ Declined _____ Confirmation Letter Sent _____