



CAMP FIRE USA Minnesota Council
2610 University Avenue West
Saint Paul, MN 55114
(651) 632-9179 Fax: (651) 647-5717

Counselor- In- Training Application

Name _____

Address _____ Phone (____) _____
Street City Zip

E-Mail: _____

Name of Parent or Guardian: _____

Education: School Attending _____ Class in fall _____

Experience in Clubs and Other Organizations:

Name of Organization: Number of Years as Member Number of Years as Leader or Assistant

- 1. _____
- 2. _____
- 3. _____

Camp Experience

Name of Camp Location Years in Organization Camper

Describe classes or experiences in the past year that prepared you for the CIT program: (especially with youth, camping, recreation, outdoor program)

Why do you want to participate in the CIT program? What new skills or abilities would you like to improve through your CIT experience?

Current Certifications:	<u>Expiration Date</u>		<u>Expiration Date</u>
Standard First Aid	_____	Life Guard	_____
Community CPR	_____	Water Safety Instructor	_____
Community Safety	_____	Small Water Craft	_____
Other	_____		

Camp Skills: Use one check to indicate those skills that you have. Use two checks to indicate those you can lead or teach.

<input type="checkbox"/> Backpacking	<input type="checkbox"/> Boating	<input type="checkbox"/> Climbing/rappelling	<input type="checkbox"/> Creative writing
<input type="checkbox"/> Ecology Activities	<input type="checkbox"/> Fishing	<input type="checkbox"/> Folk Dancing	<input type="checkbox"/> Games
<input type="checkbox"/> Handcrafts	<input type="checkbox"/> Hiking	<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Drama
<input type="checkbox"/> Music	<input type="checkbox"/> Nature crafts	<input type="checkbox"/> Nature identification	<input type="checkbox"/> Orienteering
<input type="checkbox"/> Outdoor cooking	<input type="checkbox"/> Outdoor living skills	<input type="checkbox"/> Photography	
<input type="checkbox"/> Singing	<input type="checkbox"/> Sketching	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Swimming

Other: _____

References: Please give names and addresses of two persons, not relatives. State when and under what circumstances they have known you.

1. _____

Name	Street	City	State	Zip
------	--------	------	-------	-----

Phone	Capacity in which person has known you
-------	--

2. _____

Name	Street	City	State	Zip
------	--------	------	-------	-----

Phone	Capacity in which person has known you
-------	--

Permission to check references and verify information:

Date: _____ Signature: _____



Camp Fire USA Minnesota Council
CIT Reference Form
 2610 University Avenue West
 Saint Paul, MN 55114
 (651) 632-9179 Fax: (651) 647-5717

Name of Applicant: _____ has applied for a position as a counselor in training (CIT) at Camp Tanadoona

Your assessment of his/her abilities in the following areas would be greatly appreciated.

Please circle one:	Great	Satisfactory	Needs Improvement
Sense of humor	1	2	3
Initiative	1	2	3
Dependability	1	2	3
Working well with peers	1	2	3
Follow as well as lead	1	2	3
Communication	1	2	3
Flexibility	1	2	3
Tact	1	2	3
Working with children	1	2	3
Skills in Outdoor Living	1	2	3
Persistence	1	2	3
Enthusiasm	1	2	3

How long and in what capacity have you known the applicant? _____

Does the applicant have any limitations that may interfere with his/her performance as a CIT? If yes, Please explain:

No: _____ Yes: _____

Additional comments: _____

Signed: _____ Date: _____

Please print name: _____ Phone: _____

Email: _____