

2012 COUNSELOR IN TRAINING APPLICATION



Please complete entire application including all reference information. Applicants are not required to provide any information that is prohibited by Federal, State or local laws.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin or the presence of a disability that is unrelated to the applicant's ability to perform in the assigned position.

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Social Security # _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Primary Email Address: _____

Age as of July 1, 2012: _____ Date of Birth (mm/dd/yyyy): _____

Any previous camp experience? If yes, Where: _____

Years as Camper: _____

Please list any current certifications you hold that may be helpful at camp (CPR, First Aid, Lifeguard, etc.):

Please list any previous employment experience you have had: _____

Availability for the summer of 2012 (select one)

___ June 26-July 21 ___ July 21-August 16 ___ June 26-August 16

FOR OFFICE USE ONLY

Start Date: _____ Completion Date: _____

Date Contract Sent: _____

References Sent: _____ References Received: 1. _____ 2. _____ 3. _____

Why do you want to serve as a Counselor in Training at the Read Scout Reservation?

Scouting Rank: _____ Unit #: _____ Community: _____

Please list your preferences of camp and position you would like to serve in:

(B-Buckskin W-Waubeeke S-Summit Base)

First Choice: _____ (B W S) Second Choice: _____ (B W S)

Third Choice: _____ (B W S)

Please list three personal references who are not relatives and know you well. All information must be completed with the exception of email address, which is optional.

Name: _____ Email: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Relationship to you: _____

Name: _____ Email: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Relationship to you: _____

Name: _____ Email: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Relationship to you: _____

I authorize investigation of all statements contained in this application for service as a CIT and other background checks as may be necessary in arriving at an acceptance decision. I authorize my previous employers, schools and other references to furnish the information requested. I hereby declare that the information provided by me in this application is accurate and complete to the best of my knowledge. I understand that falsification or misrepresentation in this application is cause for discharge. I also understand that if selected, I will be subject to random controlled substance testing.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature _____

Date: _____

Please either mail this application to: Camping Department, Westchester-Putnam Council, BSA,
41 Saw Mill River Road, Hawthorne, NY 10532

Or, email to: readsupport@wpcbsa.org