

# 2018 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 either e-mail this application to [wpc.camping@scouting.org](mailto:wpc.camping@scouting.org) or mail to:  
Camping Department, Westchester-Putnam Council, BSA, 41 Saw Mill River Road, Hawthorne, NY 10532  
We request that all applications be submitted by May 1st.

PLEASE PRINT CLEARLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Age as of June 30, 2018: \_\_\_\_\_ 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 2018 (select one)

Session #1 \_\_\_\_\_ June 30-July 21

Session #2 \_\_\_\_\_ July 21-Aug 11

Full Summer: (check both)

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FOR OFFICE USE ONLY

Application Receipt Date: \_\_\_\_\_ Date Contract Sent: \_\_\_\_\_ Dates working: \_\_\_\_\_

References Sent: \_\_\_\_\_ References Received: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

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Scouting Rank: \_\_\_\_\_ Unit #: \_\_\_\_\_ Community: \_\_\_\_\_

Please list your preferences of camp and program area/position you would like to serve in (residence while in camp will be in Buckskin regardless of assigned program area, which will rotate during your CIT session):

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

First Choice: \_\_\_\_\_ (B W S E) Second Choice: \_\_\_\_\_ (B W S E)

Third Choice: \_\_\_\_\_ (B W S E)

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.

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

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