

YMCA CAMP ICAGHOWAN CIT APPLICATION QUESTIONNAIRE

PERSONAL INFORMATION

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			Last Name	First
Name	Date of Birth	Gender		

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			Home Address	City
State	Zip			
(_____)	(_____)			

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		Home Phone
Cell Phone	Email Address	

Current Year in School (Must be 16-17yrs of age):  Freshman  Sophomore  Junior  Senior

Session you prefer to attend:  Session 2/3/4: July 10-29  Session 5/6/7: July 31-August 19  Either one

Please describe any camp experience you may have (include years, names of camps, program types).

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\_\_\_\_\_ Please list any work experience you may have:

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\_\_\_\_\_ Please list any school/community activities in which you participate (include leadership experience):

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PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PAGE. 1. Why do you want to eventually become a camp staff member? What do you hope to gain from the CIT program?

2. What do you feel is the mission of a summer camp program? How could you help to accomplish this mission?

3. Provide some examples of how you have helped or impacted a child?

I understand that submitting this questionnaire in no way guarantees that I will be accepted to the Counselor In Training Program. If selected, I understand that I am expected to adhere to all rules, policies, and regulations of the CIT program and YMCA Camp Icaghowan. I also understand that CIT's are required to be positive role models and be able to receive feedback in a positive manner. Inability to do

so may result in dismissal from the program. Furthermore, I understand that completion of the CIT program does not guarantee that I will be hired as a staff member at YMCA Camp Icaghowan.

Applicant

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent

Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please Return To Camp Icaghowan Attn: Michel Tigan

Email as an attachment to: [Michel.tigan@ymcatwincities.org](mailto:Michel.tigan@ymcatwincities.org) OR mail to: 532 County Rd. F Hudson, WI 54016