

YMCA Camp Icaghowan CIT Application

Personal Information

Last Name	First Name	Date of Birth	Gender
------------------	-------------------	----------------------	---------------

Home Address	City	State	Zip
---------------------	-------------	--------------	------------

Home Phone	Cell Phone	Email Address
-------------------	-------------------	----------------------

Session You Prefer (circle your preference)

Session 3/4/5: July 16-August 4 Session 6/7/8 August 6-August 25 Either One

Describe your camp experience (include years, names of camps, programs you participated in)

List any work experience that you have

List any school/community activities that you participate in

On a separate page respond to these:

- 1. The CIT program is viewed as the last step towards becoming a counselor. What makes you want to become a camp counselor?**
- 2. What do you feel is the mission of summer camp? How will you help to accomplish the mission?**
- 3. Describe an example of a time that you impacted someone's life for the better.**

I understand that submitting this questionnaire in no way guarantees that I will be accepted to the Camp Icaghowan 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 a positive role model and be comfortable receiving feedback in a professional 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 via email attachment:

Michel.tigan@ymcamn.org and walter.carlson@ymcamn.org

OR by mail to

532 County RD F
Hudson, WI 54016