



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2012 LIT & CIT Application

YMCA of Greater Boston Camping Services



Circle One

Leader-In-Training (LIT)

Counselor-In-Training (CIT)

Instructions to the Applicant

The YMCA of Greater Boston Camping Services Branch operates several distinct and unique summer camp programs and we are pleased to provide a high quality leadership training program for young adults. You may find additional information about our camps at www.bostoncamps.org.

Application Due Dates:

LIT – November 1st

CIT – January 15th

Please return your completed application to the following address:

YMCA of Greater Boston Camping Services
LIT or CIT Application
P.O. Box 10
Mirror Lake, NH 03853-0010
Phone 603-569-2725
Fax 603-569-5869

Applicant Information

Applicant Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Session Preference (circle one): **Sessions 1&2** **Sessions 3&4** **All Summer (CITs Only)**

Why This Session: _____

Note on Session Preference: We have imposed limits on the number of participants for each program for each session and not all applicants may get their first choice for their session preference. We encourage all applicants to keep an open mind and be flexible with their choice - you will still have an amazing summer!



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**YMCA of Greater Boston
Camping Services**

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Experience

Have you ever attended camp before? (circle one) **YES** **NO**

(Includes North Woods, Pleasant Valley, and any other camp experience)

If so, please describe (where, when, how long, etc.):

School(s): _____ Grade completed (as of coming June 1st): _____

Have you ever had a job? **YES** **NO**

If so, please describe (title, duration, etc.):

References

Please list references to speak on your behalf, with one reference being a family member.
CITs must provide three written references to be submitted with their application.

Name	City/Town	Phone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____



Skills and Training Assessment

Place a "T" next to the activities you feel confident in organizing/teaching; place an "A" next to skills you feel confident assisting.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Riflery | <input type="checkbox"/> Ceramics | <input type="checkbox"/> Music (Style _____) |
| <input type="checkbox"/> Orienteering | <input type="checkbox"/> Archery | <input type="checkbox"/> Drama | <input type="checkbox"/> Dance (Style _____) |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Auto Mechanics |
| <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Tennis | <input type="checkbox"/> Radio Broadcast | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Wilderness Camping | <input type="checkbox"/> Environmental Ed | <input type="checkbox"/> Puppetry | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Windsurfing |
| <input type="checkbox"/> Leather Work | <input type="checkbox"/> Drawing/Sketching | <input type="checkbox"/> Painting | <input type="checkbox"/> Water-skiing |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Photography | <input type="checkbox"/> Drama | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Song Leading | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Horseback (if so, what style: _____) | | | |

Please list other skills that you could bring to camp:

Certifications

Please mark your certifications:

- First Aid CPR Lifeguarding Driver's License (if so, which state: _____)

Please list any other certifications (WFA, WSI, Ropes Instructor, etc.):



Questionnaire

What impact do you think a camp experience can have on a child and why?

Please explain why you would like to be in a leadership program to become a camp counselor and what you hope campers will take away from their experience with you and from Camp.

What do you feel is your greatest personal accomplishment and why?

What leadership skills are you interested in learning as part of this program and why?

I understand that my involvement in the LIT/LGT & CIT Program is a two-summer season commitment. I understand that if accepted into the LIT/LGT & CIT Program, I will be an at will participant and that any agreement to the contrary must be in writing and signed by the Camp Director. I also understand that untrue, misleading or omitted information herein may result in removal from the program, if discovered after participation in program begins.

Signature: _____

Date: _____