



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA 2019 Summer Day Camp Counselor in Training Application

The CCCY Camp Counselor in Training (CIT) Program is a leadership development program. It an educational opportunity for youth ages 14 – 15 to gain experience and knowledge in the YMCA Day Camp setting. We aim to groom and facilitate the growth for future leaders and help mold CIT participants into outstanding camp counselors.

To participate in the program, applicants should fill out the information in this packet. They will be required to interview for the CIT position. The experience will be similar to a job interview. When the teen is accepted into the CCCY CIT program, the family will be responsible for additional Camp registration forms and the CIT Camp fees associated with the program.

Each CIT will work side by side a senior camp counselor helping to develop daily camp related activities. The CIT will have assignments and responsibilities to the camp. The senior camp counselor will mentor and guide the CIT with these activities. CITs will also work closely with campers and other CITs in small and large groups. Additional leadership opportunities and learning experiences will be made available to CIT level campers. Plus, there will be lots of fun!

Name: _____

Address: _____ Phone: _____

City, State, Zip: _____ Gender: _____

Birthday: Month: _____ Day: _____ Year: _____ Next Grade Level: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Name of school attending: _____

School District: _____

Applying to CCCY Camp: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA 2019 Summer Day Camp Counselor in Training Application

CIT Applicant Camper Experience:

Camp Attended	Dates of Attendance	Activities

Employment or Extracurricular Activities:



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA 2019 Summer Day Camp Counselor in Training Application

Name: _____

References:

List three people who are not related to you who have knowledge of your character, experience and ability. All references **MUST** complete the attached form.

Name/Connection	Address	Contact Number	E-mail Address

2019 Camp Sessions

Please check those weeks you would like to participate in the CIT Program. Please understand there are fees for each session.

- June 17-21
- June 24-28
- July 1-5 (No July 4)
- July 8-12
- July 15-19
- July 22-26
- July 29-August 2
- August 5-9
- August 12-16
- August 19-23



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**CENTRAL CONNECTICUT COAST YMCA
2019 Summer Day Camp Counselor in Training Application**

Please answer the following questions. (Please type or write legibly.)

1. Why are you interested in becoming a C.I.T. at camp?

2. Describe yourself in one word.

3. List your strengths and weaknesses.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA 2019 Counselor In Training Reference Form

Please have each of your listed references complete this form and submit with your general application.

Applicant's Name _____

Applying to CCCY Camp: _____

Reference's Name _____

Date _____ Phone number _____ E-mail address _____

Relationship to Applicant _____

How would you describe this applicant's personality, character traits?

What are this applicant's strengths and weaknesses?

Describe a time when the candidate assumed a leadership role.

How does he or she respond to supervision?

Are you aware of any problems that the applicant may have had which might interfere with his or her ability to perform this job?

Is there anything else you would like to add about this applicant?

Signature _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA 2019 Counselor In Training Reference Form

Please have each of your listed references complete this form and submit with your general application.

Applicant's Name _____

Applying to CCCY Camp: _____

Reference's Name _____

Date _____ Phone number _____ E-mail address _____

Relationship to Applicant _____

How would you describe this applicant's personality, character traits?

What are this applicant's strengths and weaknesses?

Describe a time when the candidate assumed a leadership role.

How does he or she respond to supervision?

Are you aware of any problems that the applicant may have had which might interfere with his or her ability to perform this job?

Is there anything else you would like to add about this applicant?

Signature _____ Date _____

CENTRAL CONNECTICUT COAST YMCA
1240 Chapel Street, New Haven, CT 06511
P 203 777 9622 W cccymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA 2019 Counselor In Training Reference Form

Please have each of your listed references complete this form and submit with your general application.

Applicant's Name _____

Applying to CCCY Camp: _____

Reference's Name _____

Date _____ Phone number _____ E-mail address _____

Relationship to Applicant _____

How would you describe this applicant's personality, character traits?

What are this applicant's strengths and weaknesses?

Describe a time when the candidate assumed a leadership role.

How does he or she respond to supervision?

Are you aware of any problems that the applicant may have had which might interfere with his or her ability to perform this job?

Is there anything else you would like to add about this applicant?

Signature _____ Date _____

CENTRAL CONNECTICUT COAST YMCA
1240 Chapel Street, New Haven, CT 06511
P 203 777 9622 W cccymca.org