**Counselor in Training Application 2025**

**Communication regarding the application process and the program should be between the applicant and camp staff.** The most successful applicants treat the application and hiring process just like any job application. Parents should feel free to help in certain ways, like guiding the applicant in selecting references and helping them learn to professionally apply and interview. At the same time, please remember we seek candidates who are independent, mature and self-motivated. It is our hope that parents help cultivate these traits by allowing their preteens and teens to take full responsibility for their CIT application. Our goals are that all applicants to the Counselor-In-Training program gain valuable experience in the job application and interview process and that all our CITs gain skills that are applicable not only to being a camp counselor but to other aspects of their lives.

**Mandatory CIT Week June 2-6**

APPLICANT INFORMATION  
First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  
25-26 Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
T-Shirt Size: AS AM AL XL XXL XXXL

SCHOOL EXPERIENCE

What school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any extra-curricular school, team, or club activities you attend, lead, or volunteer with.

CAMP EXPERIENCE  
If you do not have any camp experience, please leave this section blank.

This will be my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year at Summer Camp with YMCA of Dodge County.

I have/have not been a CIT before.

Other Camp Experience (Please list camp name and years attended.)

AWARDS AND VOLUNTEER SERVICE  
Please list any awards or volunteer service activities.

QUESTIONS  
Why do you want to serve as a CIT this summer?

A group of campers is standing in line waiting for the water fountain. What could you do to make this experience more fun?

Tell us an idea you have for helping a campers. Feel free to use Pinterest, talk to people, etc. This can be a special activity, a song, a quick game, etc.

For most of our programs, you spend a full week getting to know campers and spending time with them. At the end of the week, what four words would you want a camper to use to describe you?

Choose one of the above words and let us know things you could do in order to help campers see you this way. For example, if I chose exciting, I could say make a big deal about afternoon activities, sing loudly at opening ceremonies, and make an exciting game out of classroom clean up.

What else are you planning to do this summer?

If you have anything else you’d like us to know, please share below.

AVAILABILITY

Please rank your preference for CIT sessions. If you’d like to attend more than one session, please give more than one session a “1.”

PROGRAM

* **CIT Week 1 Intro to CIT (June 2-6) Required for all CIT’s**
* CIT Week 2 YMCA Values (June 9-13)
* CIT Week 3 Team Building (June 16-20)
* CIT Week 4 Communication (June 23-27)
* CIT Week 5 Developing Relationships (June 30-July 3, \*No camp on 4th)
* CIT Week 6 Building Trust (July 7-11)
* CIT Week 7 Activity Development (July 14-18)
* CIT Week 8 Volunteering (July 21-25)
* CIT Week 9 Teaching Games and Activities (July 28-August 1)
* CIT Week 10 Problem Solving (August 4-8)
* CIT Week 11 Self Evaluation (August 11-15)
* CIT Week 12 Reflection (August 18-22)
* CIT Week 13 Final Week (August 25-29)

FEES

Each week for our CITs are $56 for members and $78 for non-members.

SELECTION PROCESS

CITs will be accepted on a rolling basis. CIT applications are due May 5, 2025. Each session has a maximum number of CITs.

If you’d like to change the sessions you apply for after submitting your application, please email us at erappe@theydc.org.

STATEMENT OF AGREEMENT

I understand that the CIT program is competitive and that some applicants will not be chosen to participate in the program. Applicants who do not participate in the CIT program are encouraged to reapply for other summer or off-season programs or if age appropriate attend Camp Exploration.

If selected to participate in the CIT program, I am aware that this is a service and leadership program and that the discounted rate reflects the work that I will be expected to complete. I understand that the participants in the CIT program must adhere to all YMCA Camp Exploration rules and policies and cooperate with the Executive Director and Camp Directors in all matters. I am aware that failure to live up to the high standards of the CIT program may result in my dismissal from camp and that I will be seen as a role model to younger campers. I promise to do my best in reflecting the four core values of the YMCA: Caring, Honesty, Respect, and Responsibility.

I am aware that as a leader, others are counting on my presence. I will at all times remember that being a CIT is a big responsibility and that I am attending camp not as a camper but as a role model for younger children. I will exhibit good character and responsibility at all times and fully participate in all camp activities. I recognize that my attitudes, words, and actions are critical to the success of camp. I will not assume adult responsibilities.

If I have any questions about the CIT program or its expectations, I will contact YMCA Camp Exploration. I understand that all professional communication should be by email (erappe@theydc.org) or office phone (920.887.8811 x 105) unless in case of emergency.

Applicants who have never been a CIT during summer will need one letter of recommendation. Please send this with your application.

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

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

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this application to erappe@theydc.org