

**BUCkids Summer Camp**

**Counselor-in-Training (CIT) Application**

Personal Information (PLEASE PRINT)



Last Name First Name Middle Name Date of Birth

Home Address City State Zip Code

Home Phone E-mail Cell Phone

Select the weeks available to work as a CIT (Minimum or 3 weeks required):

Week 1 (June12-16) Week 4 (July 3-7) Week 7 (July 24-28)

Week 2 (June 19-23) Week 5 (July 10-114) Week 8(July 31- Aug4)

Week 3 (June 26-June 30) Week 6 (July17-21)

Education (PLEASE PRINT)

Current School:

City: \_

Current GPA: Next Year’s grade level: Favorite Classes:

Extracurricular Activities:

Related Experience (PLEASE PRINT)

Have you ever been a CIT at BUCkids Summer Camp? Yes No

Number of Years:

Have you ever been a camper at BUCkids Summer Camp? Yes No

Number of Years:

CIT/Parent Agreement

**CIT commitment statement:** If chosen as a Counselor-in-Training for the BUCkids Summer Camp, I will commit to understanding the requirements and responsibilities of being a good camp counselor. I will commit to being at camp for each week I have selected, and will perform my duties as instructed. I understand that being a CIT is an important responsibility, and I am attending camp not as a camper but as a *role model* for younger campers. I am willing to give of myself to help them grow, develop, and enjoy camp. I submit that all the information on this application is true and complete. I understand that if I do not meet the standards of a responsible counselor, I may be dismissed from my duties at any time.

Signature:

Date:

**Parent commitment statement:** As a parent (guardian) of the youth completing this application, I understand the necessity of hiring individuals who are committed to the BUCkid’s Camp program. I will, to the best of my ability, support and encourage this youth to uphold his/her commitment to BUCkids Summer Camp if selected.

Parent/guardian signature:

Date:

Situational Assessments (PLEASE PRINT)

Please explain how you would handle the following situations that may happen at camp.

1. One of your campers refuses to eat during a meal.

2. The weather is bad and afternoon activities are cancelled. You are with your campers indoors for 2 hours. What afternoon activities can you lead?

3. You hear campers using inappropriate language.

4. Describe two assets or personal strengths you have which would enable you to be a successful camp counselor:

1.

2.

***\* Include a copy of the latest report card attained by this applicant.\****

Please submit this completed application to the care of:

Brittany Shelton, MS

Campus Recreation & Wellness

Barry University Landon 112

11300 NE 2nd Avenue

Miami Shores, FL 33161

Please Email or fax this completed application to the care of: Brittany Shelton

Office: 305-899-3063

Fax: 305-899-2973

[Email: bshelton@barry.edu](mailto:Email:%20bshelton@barry.edu)

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