

**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 (June13-17) Week 4 (July 4-8) Week 7 (July 25-29)

Week 2 (June 20-24) Week 5 (July 11-15) Week 8(August 1-5)

Week 3 (June 27- July1) Week 6 (July18-22) Week 9 (August 8-12)

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:

Have you attended other camps as a camper or CIT? Yes No

Camp Name: State: Camp Name: State:

Camp Name: State:

Number of years: Number of years:

Number of years:

Other Experience (PLEASE PRINT)

1. Name of organization:

Position: Years:

Name of Supervisor: \_

Responsibilities:

2. Name of organization:

Position: Years:

Name of Supervisor:

Responsibilities

Camp Skills (PLEASE PRINT)

Please check activities that are of particular interest to you:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Group Games |  | Physical Education Activities |
|  | Swimming/Aquatic Safety |  | Computer Activities |
|  | Life Guarding |  | Reading |
|  | Drama/Plays |  | Writing |
|  | Story Telling |  | Martial Arts |
|  | Songs/Music |  | Sport Specific Skills (e.g. Basketball) |
|  | Arts & Crafts |  | Watching television/movies |
|  | Fitness/Aerobics |  | *Other\** |

Other\*

Please list skills, interests, trainings, or certifications not listed above:

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:

Mrs. Bradley, 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: Mrs. Bradley

Office: 305-899-3063

Fax: 305-899-2973

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

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