



# YMCA CAMP MOHAWK 2023 COUNSELOR IN TRAINING APPLICATION



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current School and Location: \_\_\_\_\_

Age as of June 25, 2023: \_\_\_\_\_ Grade in School (Fall '22): \_\_\_\_\_ GPA: \_\_\_\_\_ out of: \_\_\_\_\_

Year(s) attended Mohawk (if applicable): \_\_\_\_\_

List extracurricular activities (sports, clubs, jobs, hobbies, etc.):

List positions of leadership you hold or have held in school, church, temple or other group:

Why are you applying for the CIT Program?

What do you want to learn from this program?

**Certifications:** List type of certifications you hold and expiration dates (CPR for the Professional Rescuer, Standard American Red Cross First Aid, Basics of Baby-sitting, etc.)

Certification	Agency	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Camp Activity Skills Inventory:

CITs assist in teaching a variety of activities. Put a "1" next to those activities in which you are accomplished; a "2" next to those activities in which you have some experience; a "3" next to those activities in which you may not have experience, but have interest in learning more about.

_____ American Sign Language	_____ Drama Production	_____ Ropes
_____ Archery	_____ Farm	_____ Rowing
_____ Arts & Crafts	_____ Field Hockey	_____ Sailing
_____ Badminton	_____ Floor Exercise	_____ Set Design
_____ Baking	_____ Friendship Bracelets	_____ Sewing
_____ Basketball	_____ Jewelry	_____ Soccer
_____ Basketry	_____ Kayaking	_____ Stamping
_____ Canoeing	_____ Lacrosse	_____ Stable Management
_____ Ceramics	_____ Nature	_____ Swimming
_____ Cheerleading	_____ Outdoor Living	_____ Tennis
_____ Chorus	_____ Painting	_____ Volleyball
_____ Creative Writing	_____ Photography	_____ Windsurfing
_____ Dance	_____ Riding	_____ Yoga
_____ Drama Method		

Please rate your swimming ability:       Excellent       Good       Fair       Non-swimmer

Please rate your horseback riding ability:       Excellent       Good       Fair       Non-rider

If you could teach any three activities at camp, what would they be, in order?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List other camp related skills:

Other skills and knowledge which you can share with our campers:

## References:

List the name, email address, and work or home phone number of three individuals who can provide testimony regarding your character. Coaches, teachers, people you have baby-sat for, your supervisors when you volunteered for a project, etc. are all good sources. Please do not list relatives or any Camp Mohawk staff. You must provide one reference form to each reference and request that they complete the form and return it to Camp Mohawk. It is appropriate for you to provide them with a stamped envelope that you have addressed to Camp Mohawk. Mohawk staff completes verification of references at random.

1. Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_
2. Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_
3. Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_

## Session:

Please check 2023 session desired:

- CIT 1 (June 25 – July 22)
- CIT 2 (July 23 – August 19)
- Either Session

Prices for both CIT sessions will be announced at the same time as traditional camp sessions.

I have read and understand the explanation of the Counselor-in-Training Program and would like to apply for a Counselor-in-Training position at YMCA Camp Mohawk. I agree to observe the rules of behavior for Counselor-in-Training and am willing to accept leadership responsibilities as assigned in consideration of the special rates granted to me. I understand that upon acceptance into the Program a non-refundable \$210 deposit is required. *(No deposit is required with this application.)* This application will not be accepted without a guardian signature. **I understand that acceptance into the CIT Program is dependent upon this application, 3 references and an interview process; I understand that it is a competitive process, and is not guaranteed to all that apply.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return completed application and your **three references** by December 2, 2022 to [mikayla@campmohawk.org](mailto:mikayla@campmohawk.org) or PO Box 1209 Litchfield, CT 06759.  
*Applicants should be sure that their references are submitted by the due date, as YMCA Camp Mohawk is not responsible for following up on incomplete applications.*