

Whitefish Bay Recreation Department 5205 North Lydell Ave. Whitefish Bay, WI 53217 414-963-3947

Counselor-in-Training Application (CIT)

*Must be an incoming Senior in the 20	024-2025 School year		
First Name:Last Name:			
Street Address:			
City:	State:	Zip Code:	
Email:			
Primary Phone Number:			
Secondary Phone Number:			
Current Grade in School:			
Have you ever worked/volunteere	d for Camp before? Yes	s No (circle)	
If Yes, what Camp?			
If No, how did you learn about the	CIT Program?		
Past Employment			
Name of Previous Job 1:	Ту	pe of work	
City:	State:		
Dates Worked:			
Name of Previous Job 2:			
City:	y: State:		
Dates Worked:			
	Type of work		
City:	State:		
Dates Worked:			
References			
Reference 1:	Phone	:	
Relationship:			
Reference 2:			
Relationship:			

Camp Experience: (Either Worked at or Attended)	
Name of Previous Camp:	_State:
Camper or Staff or Volunteer (circle)
Name of Previous Camp:	_ State:
Camper or Staff or Volunteer (circle)
Current Certification/Credentials (Check any if ap	ply):
CPR: Expires:	
Standard First Aid: Expires:	
Lifeguard: Expires:	
Water Safety Instructor: Expires:	
Open Ended Questions (Submit on a separate piece	,
Why are you applying to work as a Counselor-in-Train	ning?
What strengths do you feel you would bring to this po	sition?
When you are working in a team, what role do you tal	ke?
Have you ever worked with children before? If so exp interested in working with children.	lain in what capacity and if not, explain why you are
It is the first day of camp and your group is preparing to get them excited about camp?	to run an opening event for 15 kids. What do you suggest
Signature	
To the best of my knowledge and belief, the information gives background. I understand that if I have knowingly or neglige the application process, I may be disqualified for employments.	ently misrepresented, falsified, or omitted information as part of

Date

Applicant Signature