

## Camp El-O-Win (2024) Counselor-in-Training Application Please Print Clearly

Full Name:		Date:		
Address:		Apt Bi	rthday	
City	State	ZIP Code Age	e as of June 1	
Phone	E	Email		
School you attend		G	rade in the Fall	
I am applying for CIT Ti June 7 - 20 M	raining at Camp El-O-Wi ountain Madness	n during:		
• •	ou have attended in the president/with your family		rpe of camp	
Camp		Type		
Camp		Type		
Camp		Type		
I attended CIT Training on			Did you complete it?	
Who sponsored the training? Number of h		ber of hours		
Since CIT Training, I	have volunteered at t	the following camping	g events as a CIT:	
Name of Event/Sponsor	Dates I worked at the event	My supervisor for the event	Ages/Grades of campers I worked with	
			1	

Use back of the page if additional space is needed

**List your other volunteer experience:** 

List characteristics a good camp counselor should have.			
Go back to your list and circle the cha	aracteristics you believe you have.		
What do you think girls get out of a go on your own without help or guidance	good camping experience? (Please a	nswer this	
Signature	Date		
Please return this application to: CIT Applic Thank you for applying. You will be contact	<u> </u>	CA 93704	