



# Application for 2009 Summer Camp Counselor in Training Camp Babcock Hovey Finger Lakes Council

This is an application to be a Counselor in Training for the 2009 summer camp season. Please complete the form and return to the address below. To be a CIT, one must be 14 years old by June 1, 2009. Thank you for your interest.

**Basic Personal Information**

Name: \_\_\_\_\_ Social Security# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ **adult sizes only**

**Scouting Background**

Council: \_\_\_\_\_ District: \_\_\_\_\_  
 Troop # \_\_\_\_\_ Crew # \_\_\_\_\_  
 Current Position: \_\_\_\_\_ Highest Rank: \_\_\_\_\_  
 Other Positions held: \_\_\_\_\_

CIT candidates that are 14 years old may only participate for one week during the summer. CIT candidates that are 15 years old may participate additional weeks **if requested by the Camp Director**. One week is \$10.00 additional weeks \$70.00 each.

**CIT candidates MUST attend Staff week June 28-July 3 (No charge)**

Please check the session(s) you would like to be a Counselor in Training: Please indicate your interest: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, choice(s). You will not be able to be a Counselor in Training the same week your unit is at camp.

_____ Week 1: July 5-10	_____ Week 4: July 26-31
_____ Week 2: July 12-17	_____ Week 5: August 2-7
_____ Week 3: July 19-24	_____ Week 6: Aug.9-14 (Specialty Week & Webelos)

Counselors in Training will be assigned to program and support areas to meet the needs of the camp. The program director will take into consideration the interest of the Counselor in Training. Please indicate your interest (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.) below:

_____ NAC	_____ Scoutcraft	_____ Aquatics
_____ E/Con	_____ Shooting Sports	_____ Personal Fitness
_____ COPE	_____ Kitchen	_____ Trading Post

Briefly state why you want to be a Counselor in Training (use other side if necessary):

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S APPROVAL \_\_\_\_\_

SCOUTMASTER'S APPROVAL \_\_\_\_\_

Any questions can be directed to the Council office 315-789-1166 or [etheetge@fingerlakescouncil.org](mailto:etheetge@fingerlakescouncil.org) Return application by May 1, 2008 to Finger Lakes Council 3685 Pre-Emption Rd. Geneva, NY 14456-9138 or Fax to 315-789-2227