



## Counselor-In-Training (CIT) Program Application

### Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

### Session Registered For:

- ☐ Session 1 (Dates: June 29 – July 16)
- ☐ Session 2 (Dates: July 20 – August 6)

### Short Answer Questions (to be completed by the applicant)

Why do you want to be a CIT (Counselor-In-Training)?

What qualities do you have that would make you a great CIT?

Describe a time you worked as part of a team. What did you learn?

What camp activities are you most excited to help with?

If you were a Disney character, who would you be?

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_