

YMCA Camp Collins Counselor- In -Training Application

General Information

Name	Age	Grade Septo	_	
Address		City	Stat	e Zip
Home Phone #	Cell Phone #		Email	
Have you attended Camp Co	llins before? If yes, plea	se list years and pro	ograms	
What do you know abou	t the C.I.T. Program?			
There are a lot of differe	ent things you could do this c	oming summer. Wh	ny pick this? Why do	you want to be a C.I.T?
Please tell us about som	e things you have done where	e you have worked	with children	
Tell us about a time when	you worked on a team. What	: was your role?		

ne C.I.T program is a very active and d notionally draining. What are 2 things I.T. program?	emanding progra you would do to	am at camp and o ensure that yo	at times can be ve ou practice good se	ry physically and lf-care throughout the
ll us about something you were asked	l to do that was l	hard. What did	you learn from doin	g this hard thing?
nat skills do you hope to learn from tl	an CLT program	7 What do you	most hone to learn)
iat skiiis do you nope to learn from ti		: What do you	most nope to learns	
hat questions or clarifications do you	have about the (C.I.T program?		

Please complete this application and return to YMCA Camp Collins by mail at 3001 SE Oxbow Parkway, Gresham, OR 97080, or email at sgiffin@ymcacw.org. This form can also be completed on our registration page at https://ymcacw.campbrainregistration.com/