



2012 CIT Application

August 6-10 2012

Counselor-in-Training

Name: _____
Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____
Phone Number (day) (____) _____ (night) (____) _____
Email: _____
Age _____ Birthdate: _____

EDUCATION:

Current School: _____ Current Grade: _____

WORK EXPERIENCE: *(most recent job first – list all work experience you have)*

Position Title: _____
Name of Employer: _____
Employer's Phone: (____) _____
Position responsibilities: _____

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Name of Employer: _____
Employer's Phone: (____) _____
Position responsibilities: _____

REFERENCES: *(Please list no more than one relative)*

Name: _____ Job Title: _____
Address: _____ City: _____
State/Province: _____ Home Phone: (____) _____

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Address: _____ City: _____
State/Province: _____ Home Phone: (____) _____

Name: _____ Job Title: _____
Address: _____ City: _____
State/Province: _____ Home Phone: (____) _____

CLOSEST LIVING RELATIVE:

Name: _____ Relationship: _____
Address: _____ City: _____
State/Province: _____ Zip/Postal Code _____
Phone Number (day) (____) _____ (night) (____) _____

INSURANCE

Insurance Company _____ Policy # _____
Canadian OHIP # _____

HEALTH

List allergies: _____
List all medications taken: _____
List special diet requirements: _____
List any physical limitations: _____

INTERESTS AND HOBBIES

CHRISTIAN LIFE *Give a brief account of your relationship with Christ and how you came to know Him.*

QUALIFICATIONS

Why do you want to work at Get Connected! Camp? _____

Why do you feel qualified to work at this camp? _____

Have you any experience working with younger girls? _____

What is the state of your general health? _____

What, if any, volunteer positions have you been involved with? _____

What camp experiences have you personally had? _____

Please place a check mark by the area that you are most interested in helping with at camp.

___ Vocal music/work with praise and worship team

___ Drama/work on skits for chapel

___ Recreational Activities/work with Recreation Director organizing recreational activities

___ Crafts/work with specialized camp crafts

___ Hiking/Overnight Tent Camping

Other regular CIT tasks will include: assist in operation of camp store, assist in dining hall responsibilities, provide morning camper wake-up, share testimony at campfire, and assist nurses.

I, the undersigned, do hereby verify that the information given on this application is correct. I also understand that due to camp size limitations, only 4-8 CITS will be selected to join the CIT Team for Get Connected! Camp 2012.

Signed _____ Date _____

Please Note: In order to be considered as a final candidate, you must ask two adults (non relatives) that can assess your ability to become a successful Counselor-In-Training at camp to complete the attached reference form. They must return it to the GEMS Service Center by no later than April 15.



Reference Questionnaire for CIT Applicant for Get Connected! Camp

APPLICANT'S NAME _____ DATE _____

REFERENCE NAME _____ ADDRESS _____

CITY, STATE/PROVINCE, ZIP/POSTAL CODE _____

PHONE () _____ SIGNATURE _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

Circle the appropriate number on each scale - **1** being lowest or poorest, **10** being highest or best, **NK** for no knowledge or insufficient information.

Responsibility 1 2 3 4 5 6 7 8 9 10 NK
Carries out duties and obligations

Promptness 1 2 3 4 5 6 7 8 9 10 NK
Arrives on time

Adaptability 1 2 3 4 5 6 7 8 9 10 NK
Adjusts well to change

Perseverance 1 2 3 4 5 6 7 8 9 10 NK
Moves ahead in the face of adversity

Physical Stamina 1 2 3 4 5 6 7 8 9 10 NK
Ability to endure demands of camp

Personal Appearance and Manners 1 2 3 4 5 6 7 8 9 10 NK
Respectful, neat, and clean

Cooperation/Teamwork 1 2 3 4 5 6 7 8 9 10 NK
Works well with others

Communication 1 2 3 4 5 6 7 8 9 10 NK
Presents thoughts with clarity and logic

Spiritual Maturity 1 2 3 4 5 6 7 8 9 10 NK
Continual growth in God

Sensitivity 1 2 3 4 5 6 7 8 9 10 NK
Sensitive to needs and feelings of others

Teachability 1 2 3 4 5 6 7 8 9 10 NK
Willing to receive instruction/counsel

Self-Image 1 2 3 4 5 6 7 8 9 10 NK
Accepts and understands self

Initiative 1 2 3 4 5 6 7 8 9 10 NK
Appropriately going beyond the call of duty

To what degree are the following traits apparent in the life of the applicant?

Check appropriate box

	FREQUENTLY									RARELY	
	1	2	3	4	5	6	7	8	9	10	NK
Procrastination											
Critical Attitude											
Irritability											
Anxiety, Worry											
Depression											
Domineering Manner											
Rebelliousness											
Anger											

Please answer the following questions. Use additional paper if necessary.

1. What are the applicant's greatest strengths and abilities?
2. What areas need development or attention?
3. How does this person respond to authority?
4. Do you believe this person struggles with an eating disorder? If yes, please explain.
5. Does this person have any problem relating to younger youth/children?
6. Is there any reason to suspect a violent temper or physical/sexual abuse of children? Please explain.
7. Do you have any reservations about this person participating on Get connected! Camp's summer staff? Please explain.

Thank you for completing this reference form. Please return it by April 15 to:

**GEMS Girls' Clubs
 PO Box 7259
 Grand Rapids, MI 49510
 ATTN: Get Connected! Camp
 Fax: 616 241 5558
servicecenter@gemsgc.org**

Questions? Contact the GEMS Service Center at: 616 241 5616 ext 3032