



CIT Application

Camp Foster YMCA
P.O. Box 296
Spirit Lake, IA 51360
712-336-3272
info@campfosterymca.com
www.campfosterymca.com

**** TO BE COMPLETED BY THE APPLICANT – PLEASE PRINT OR TYPE ****

GENERAL INFORMATION

Name: _____ Age: _____ School Grade (Fall 2012): _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone:(_____) Cell Phone:(_____)
E-mail Address: _____
Parent/Guardian Name(s): _____ Phone:(_____)
How did you find out about the CIT program? _____

AVAILABILITY

Please rank the sessions you prefer to work in order from 1 to 6 (1 = most prefer, 6 = least prefer). Put an "X" next to any sessions you are unavailable. You must volunteer at least two sessions during the summer. You may not work half-sessions. **You must attend CIT Training on June 18-22, 2012.**

_____ June 25-29, 2012 _____ July 2-6, 2012 _____ July 9-13, 2012
_____ July 16-20, 2012 _____ July 23-27, 2012 _____ July 29 – August 3, 2012

SCHOOL EXPERIENCE

What school do you attend? _____
What extra-curricular activities do you attend? _____
What leadership positions have you held? _____

WORK EXPERIENCE

Please list your most recent work experiences. If you have not had a job, please leave the spaces blank.
Employer: _____ Duties: _____
Employer: _____ Duties: _____

CAMP EXPERIENCE

Please list your camp experiences. If you have not attended camp, please leave the spaces blank.
Camp: _____ Type of Program: _____
Camp: _____ Type of Program: _____
Camp: _____ Type of Program: _____

CONTINUE ON THE NEXT SIDE →

AWARDS AND VOLUNTEER SERVICE

Please list any awards or volunteer service activities.

QUESTIONS

1. Why would you like to participate in the CIT program this summer? _____

2. What are your three (3) greatest strengths:
 - a. _____
 - b. _____
 - c. _____
3. What are your three (3) greatest challenges (areas for improvement):
 - a. _____
 - b. _____
 - c. _____
4. Why should we select you to participate in the CIT program? _____

5. What do you hope to get out of the CIT program? _____

STATEMENT OF AGREEMENT

I understand that the CIT program is competitive and that some applicants might not be chosen to participate in the program.

If selected to participate in the CIT program, I understand that I must attend CIT Training (June 18-22, 2012) and commit to volunteering at least two weeks during the summer. I am aware that this is a volunteer service program, and I will not be paid for any of my time at camp.

I understand that participants in the CIT program must adhere to all Camp Foster YMCA policies and cooperate with the Day Camp Director in all matters. I am aware that failure to live up to the standards of the CIT program may result in dismissal from camp. I recognize that my attitudes, words, and actions are critical to the success of camp, and I promise to do my best in reflecting the values of the YMCA: caring, honesty, respect, responsibility, and fairness.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Printed Name: _____



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Parent/Guardian Recommendation Form

Applicant Name: _____ Parent/Guardian Signature: _____

Please comment on the following items, which are significant to how your child would perform in the CIT program. If there is an area in which he/she could improve, this is a great opportunity for growth.

BEING ON TIME TO SCHEDULED COMMITMENTS

CHORES OR HOUSEHOLD RESPONSIBILITIES

RESPECT FOR AUTHORITY

VOLUNTEER SERVICE OR JOBS

PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES

SPENDING SPARE TIME

WORKING WITH A TEAM TO PERFORM A TASK

TREATING SIBLINGS AND/OR FRIENDS

SOCIAL SKILLS

LEADERSHIP SKILLS

AREAS FOR GROWTH OR IMPROVEMENT



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Recommendation Form

Applicant Name: _____ Date: _____

Reference Name: _____ Phone #: _____

This individual has applied for position of responsibility and influence (working with children ages 4-12) at Camp Foster YMCA. We would greatly appreciate your honest evaluation of the applicant.

1. How are you associated with the applicant?
2. What do you think are the strengths of the applicant?
3. What do you think are the weaknesses of the applicant?
4. Would you feel comfortable leaving your child the direct care and/or influence of the applicant?

	Low	High	Comments
Positive Attitude	1 2 3 4 5 6 7 8 9		
Enthusiasm	1 2 3 4 5 6 7 8 9		
Responsibility	1 2 3 4 5 6 7 8 9		
Initiative	1 2 3 4 5 6 7 8 9		
Teamwork	1 2 3 4 5 6 7 8 9		
Character	1 2 3 4 5 6 7 8 9		
Relating to Children	1 2 3 4 5 6 7 8 9		
Social Skills	1 2 3 4 5 6 7 8 9		