



COUNSELOR-IN-TRAINING APPLICATION 2010

Please complete this application and return it to: City of Concord, Camp Director, 1950 Parkside Drive MS/11, Concord, CA 94519

GENERAL INFORMATION

Name _____ Date of Birth _____ Sex M ___ F ___

Address _____ City _____ State _____ Zip _____

Home Phone # _____ School _____ Grade in Sept. 2007 ___ Age ___

Have you attended Camp Concord before? No Yes List years and programs _____

FAMILY INFORMATION

List three adjectives that best describe your family, and explain why you chose those adjectives.

1 _____ 2 _____ 3 _____

Explanation: _____

List three adjectives that best describe yourself, and explain why you chose those adjectives.

1 _____ 2 _____ 3 _____

Explanation: _____

PERSONAL REFERENCES

List two personal references who are not relatives, and one who is a relative

Name _____ Phone _____ Relationship to you _____

Name _____ Phone _____ Relationship to you _____

Name _____ Phone _____ Relationship to you _____

SCHOOL AND COMMUNITY ACTIVITIES

List any clubs, groups, or programs that you are involved with _____

WORK AND VOLUNTEER EXPERIENCE

List and describe any experience you have had working with children _____

PERSONAL INFORMATION

List your hobbies and interests _____

Who do you consider your role model and why? _____

In the remaining space below please answer the following questions (*use additional paper if necessary*):

Why do you want to attend the CIT program?
What do you hope to learn from this program?
What qualities can you bring with you to this program? _____

APPLICANT'S SIGNATURE

DATE