



COUNSELOR IN TRAINING APPLICATION
CAMP DARK WATERS
P.O. BOX 263
MEDFORD, NJ 08055
Phone (609) 654-8846
Fax (609) 654-2022



Name _____

Address _____

Phone () _____ - _____ Email _____

Sex: _____ Age: _____ Years Attended Camp Dark Waters _____

Session You Are Applying For (Please Circle One) June 26 – July 24 or July 25 – August 21

Are you also available for the other session? _____

PREVIOUS CAMP EXPERIENCES

Name of Camp _____ Year(s) attended _____ Camper or Staff _____

Name of Camp _____ Year(s) attended _____ Camper or Staff _____

Name of Camp _____ Year(s) attended _____ Camper or Staff _____

EXPERIENCES WORKING or VOLUNTEERING WITH CHILDREN

1. Description _____

Years _____ Name of Supervisor _____ Phone() _____ - _____

2. Description _____

Years _____ Name of Supervisor _____ Phone() _____ - _____

OTHER WORK or VOLUNTEER EXPERIENCES

1. Company _____ Job Title _____

Years _____ Name of Supervisor _____ Phone() _____ - _____

2. Company _____ Job Title _____

Years _____ Name of Supervisor _____ Phone() _____ - _____

LIST YOUR CURRENT CERTIFICATIONS BELOW

- Standard First Aid: Obtained _____ Expires _____
- CPR: Obtained _____ Expires _____
- Archery Instructor: Obtained _____ Expires _____
- Lifeguard: Obtained _____ Expires _____
- Other: Obtained _____ Expires _____

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

What opportunities have you had to be a leader?

What would you like best and worst about working with younger (7-10 year-old) campers?

What would you like best and worst about working with older (11-14 year-old) campers?

If you could pick your perfect day at camp, what activities would you choose?

1. _____

3. _____

2. _____

4. _____

Evening Program. _____

What do you think is your strongest personal characteristic?

What do you imagine will be your greatest difficulty while at camp?

What contributions do you think a well-run camp can make to children?

What contributions do you think you can make at camp?

References

Please list at least 3 people. No more than 1 may be related.

1. Name _____ Phone () _____ - _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____

2. Name _____ Phone () _____ - _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____

3. Name _____ Phone () _____ - _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____

4. Name _____ Phone () _____ - _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____