

Camp Troll Fjell

APPLICATION FOR CAMP COUNSELOR IN TRAINING (CIT) POSITION

NAME _____ Male _____ Female _____

ADDRESS _____ CITY _____ ST. _____ ZIP _____

TELEPHONE _____ BIRTHDATE _____

NAME OF SCHOOL _____ GRADE LEVEL _____

SCHOOL ADDRESS _____ TELEPHONE _____

EMAIL ADDRESS _____

Have you been a camper at District 6 Language/Heritage Camp _____ If yes, what years did you attend?

Please give name and phone number of director, or counselor or other adult from camp who can give reference

Any other camp experience? NAME OF CAMP: _____

YEARS OF ATTENDANCE? _____

Names of any Youth Organizations/ Clubs you belong to: _____

Do you have experience, interest, or skills in any of the following?

Vocal Music _____ Instrument _____ Drama or other art form _____

Science (field) _____ Athletics (sports) _____

Swimming (what American Red Cross awards/level) _____

Other skills or interests _____

I PLEDGE THAT DURING THE TIME I AM A CIT AT THE SONS OF NORWAY LANGUAGE & HERITAGE CAMP I WILL NOT USE TOBACCO, ALCOHOL, OR ANY FORM OF DRUGS.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Return this questionnaire no later than June 1, to the Assistant Camp Director.

(Please submit along with Applicant on a separate sheet, a short statement why you would be a good candidate for C. I. T. training. Please include names and addresses of three adults (not relatives) who we can be contact as references.)