



# 2012 CIT APPLICATION PACKET

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Dear CIT Candidate,

This summer, if you will be between the ages of 15-16 years-old, you can participate in the YMCA Camp Campbell Gard CIT program! We are excited about you joining our Summer Camp Team!

The CIT program is designed to help you develop your leadership skills and learn how to work with children effectively. CIT's form a strong team while helping with just about everything at camp, such as keeping camp clean, performing kitchen work, completing work projects, providing guidance to campers, and leading camp activities. CIT's also get to participate in awesome camp activities (such as rock climbing, water skiing, high ropes, and mountain biking) along with their college-aged leaders.

## **THE BENEFITS OF THE CIT PROGRAM**

- Make a difference in the lives of children
- Gain volunteer service hours and participate in camp for FREE
- Gain skills that will enrich your life
- Make lifelong friendships, have fun, and create unforgettable memories
- Spend your summer in a beautiful outdoor setting

## **THE COMMITMENT**

- CIT1                      July 8-13
- OR-**
- CIT2                      July 15-20

## **THE APPLICATION PROCESS**

- Complete the attached CIT Application
- Ask your parent/guardian to complete the CIT Parent/Guardian Recommendation Form
- Ask an adult (who is not related to you) to fill out the CIT Recommendation Form
- Mail all forms to YMCA Camp Campbell Gard, Attn: Jim Sexstone, PO Box 13029, Hamilton, OH 45013
- When we receive all of your forms, we will contact you for an interview

CIT positions fill quickly, so please send your application and recommendation forms as soon as possible. Please note that the CIT program is highly competitive – unfortunately, not all applicants can be accepted. Preference will be given to applicants who were campers and/or participants in the LIT program. If you have any questions, please feel free to contact me personally at (513) 867-0600 or [sexstone@gmvyymca.org](mailto:sexstone@gmvyymca.org). I look forward to hearing from you soon!

Character through Camping,

**Jim Sexstone**

Jim Sexstone  
Executive Director



# CIT Application

YMCA Camp Campbell Gard  
P.O. Box 13029  
Hamilton, OH 45013  
513-867-0600  
camp@gmvymca.org  
www.ccgymca.org

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

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## GENERAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade (Fall 2011): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

How did you find out about the CIT program? \_\_\_\_\_

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## AVAILABILITY

\_\_\_ July 8-13

-OR-

\_\_\_ July 15-20

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## SCHOOL EXPERIENCE

What school do you attend? \_\_\_\_\_

What extra-curricular activities do you attend? \_\_\_\_\_

What leadership positions have you held? \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## AWARDS AND VOLUNTEER SERVICE

Please list any awards or volunteer service activities.





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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.

**GETTING SELF UP ON TIME**

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**CONDITION OF BEDROOM**

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**CHORES OR HOUSEHOLD RESPONSIBILITIES**

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**RESPECT FOR AUTHORITY**

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**VOLUNTEER SERVICE OR JOBS**

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**PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES**

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**SPENDING SPARE TIME**

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**WORKING WITH A TEAM TO PERFORM A TASK**

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**TREATING SIBLINGS AND/OR FRIENDS**

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**SOCIAL SKILLS**

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**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 5-15) at YMCA Camp Campbell Gard. 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
<b>Positive Attitude</b>	1 2 3 4 5 6 7 8 9		
<b>Enthusiasm</b>	1 2 3 4 5 6 7 8 9		
<b>Responsibility</b>	1 2 3 4 5 6 7 8 9		
<b>Initiative</b>	1 2 3 4 5 6 7 8 9		
<b>Teamwork</b>	1 2 3 4 5 6 7 8 9		
<b>Character</b>	1 2 3 4 5 6 7 8 9		
<b>Relating to Children</b>	1 2 3 4 5 6 7 8 9		
<b>Social Skills</b>	1 2 3 4 5 6 7 8 9		