

**Application for Counselor - in -Training**

**Personal Information**

Name- \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address- \_\_\_\_\_ City \_\_\_\_\_ State- \_\_\_\_\_ ZIP \_\_\_\_\_  
Date of Birth- \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-Mail- \_\_\_\_\_  
Phone #- \_\_\_\_\_ Driver's License #- \_\_\_\_\_ State- \_\_\_\_\_

**Areas of Expertise or Knowledge (please check all that apply)**

Archery\_\_\_\_ Rifle\_\_\_\_ Shotgun\_\_\_\_ Fishing\_\_\_\_  
Canoeing\_\_\_\_ Swimming\_\_\_\_ Lifesaving\_\_\_\_ Rowing\_\_\_\_  
Forestry\_\_\_\_ Mammals\_\_\_\_ Reptiles\_\_\_\_ Insects\_\_\_\_  
Indian Lore\_\_\_\_ Basketry\_\_\_\_ Leatherwork\_\_\_\_ Woodwork\_\_\_\_  
Pioneering\_\_\_\_ Camping\_\_\_\_ Cooking\_\_\_\_ Orienteering\_\_\_\_  
Backpacking\_\_\_\_ Hiking\_\_\_\_ Climbing\_\_\_\_ Survival\_\_\_\_  
First Aid\_\_\_\_ CPR\_\_\_\_ Retail\_\_\_\_ Leadership\_\_\_\_

**Scouting/Camp Experience**

Current Registration \_\_\_\_\_ Number of Years in Scouting \_\_\_\_\_  
Highest Rank Achieved \_\_\_\_\_ OA Experience \_\_\_\_\_  
Camp(s) Attended \_\_\_\_\_

Camp Staff Experience \_\_\_\_\_  
\_\_\_\_\_

**Educational Background**

High School- \_\_\_\_\_ Years Completed- \_\_\_\_\_  
College- \_\_\_\_\_ Major- \_\_\_\_\_  
Post Graduate- \_\_\_\_\_ Degree- \_\_\_\_\_  
Other Training Experiences- \_\_\_\_\_

**References**

**Scoutmaster-** \_\_\_\_\_  
Address- \_\_\_\_\_  
Phone- \_\_\_\_\_

Name- \_\_\_\_\_  
Address- \_\_\_\_\_  
Phone- \_\_\_\_\_

Name- \_\_\_\_\_  
Address- \_\_\_\_\_  
Phone- \_\_\_\_\_

Name- \_\_\_\_\_  
Address- \_\_\_\_\_  
Phone- \_\_\_\_\_

State any additional information you might feel would be helpful to us in considering your application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant’s Statement**

- \*I certify that the answers herein are true and complete to the best of my knowledge.
- \*I hereby declare all information provided by me in this Application for Employment is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this Application for Employment is cause for discharge.
- \*If selected I agree to attend staff training session and selected weeks.
- \*If selected I will pay the \$50.00 weekly fee required.
- \*If selected I understand that the role of CIT is an opportunity to learn the skills necessary for future staff employment opportunities.

**Signature of Applicant-**\_\_\_\_\_ **Date-**\_\_\_\_\_

**Signature of Parent (if under 18)-**\_\_\_\_\_ **Date** \_\_\_\_\_

The Great Trails Council, BSA is an Equal Opportunity Employer and maintains a policy of Non Discrimination.