



# Summer Day Camp 2018 Counselor-in-Training Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email (if different from parents) \_\_\_\_\_

School currently attending \_\_\_\_\_

Current grade level \_\_\_\_\_

Have you volunteered at a day camp before? \_\_\_\_\_

Circle T-shirt size: Adult S – M – L – XL – Other \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Parent's cell \_\_\_\_\_

Parent's Email \_\_\_\_\_

Days available: (mark all that apply)

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

Which program(s) would you like to volunteer for: (mark all that apply)

Homer Lake, Homer

Lake of the Woods, Mahomet

Eco-Adventures (Tues/Wed)

Eco-Adventures (Thurs/Fri)

Grand Prairie Kids (Wed)

Tiny Tots Garden Camp (Thurs)

Garden Adventures (Tues)

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Please list any awards, extracurricular, hobbies, and/or volunteer experience that would help you to be an excellent CIT (baby-sitting, camping, sports, scouts, 4-H, honor roll, student council, etc.)?

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What do you think is your most important characteristic or trait that will help you as a CIT?

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Why do you want to work with children?

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What goals do you want to achieve through the Counselor-in-Training program?

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Do you have any licenses or certifications? (CPR, First Aid, etc.)

Type of license or certification	Year Received	Expiration Date
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Check here if you would be interested in other volunteer opportunities with the Forest Preserve

Personal References: please list two adults who know you well and are not a relative.

Name	Phone	Relationship
1. <hr/>		
2. <hr/>		

Do you have any special needs that we should be aware of? (including medications, allergies)  Yes  No

If yes, please explain: 

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Please be aware that space is limited and not everyone who applies will be accepted into the program.

Please return application by April 13, 2018, to:  
Attn: David Evans  
Homer Lake Forest Preserve  
2573 Homer Lake Road  
Homer, IL 61849  
Fax: (217) 896-2361