

Downers Grove Park District

935 Maple Avenue
Downers Grove, IL 60515
(630) 963-1300
Fax: (630) 963-5884

Counselor In Training Program Application

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Circle One: Male Female Age/Grade: _____
Month Day Year

Parents' Names: _____

Home Phone: _____

Do you have any Siblings in the camp program? _____ Yes _____ No What Camp? _____

Why do you want to participate in the Counselor in Training Program? _____

What types of recreation do you enjoy and how might it be helpful as a C.I.T? _____

What experiences have you had working with children? _____

What skills do you have that might be useful for this type of program? _____

What do you hope to gain from participating in this program? Try to be specific with your goals. _____

If chosen for program, are you able to commit to a minimum of (1) of the following 2-week sessions? _____

Session 1: 6/26-7/7

Session 2: 7/10-7/21

Session 3: 7/24-8/4

Please list 3 references, not related to you, but know you well such as teachers, coaches, activity leaders, etc.

Name	Relationship	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Applicant Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

**Interviews are tentatively scheduled for the last week of April & first week of May. If chosen for the program, you must be able to attend a mandatory Counselor in Training Orientation which will be scheduled during the week of June 19th. There are a limited number of spots for the program, so not all applicants will be chosen to interview or to participate in the program.*