

**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: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Cell 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: 6/17-6/28/19 Session 2: 7/8-7/19/19

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 end of May. If chosen for the program, you must be able to attend a mandatory Counselor in Training Orientation which will be scheduled on Wednesday, June 12- 9:00-11:00am at The Lincoln Center. 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.*