

**COUNSELOR IN TRAINING PROGRAM****Purpose:**

The Counselor in Training (CIT) program gives Scouts an opportunity to spend time learning the many facets of a Boy Scout Summer Camp through rotating assignments. These assignments will be decided by the Camp Director and Program Director so the applicant gain working experience in various areas of camp. A CIT is a non-paid position and done strictly on a volunteer basis.

**Requirements:**

## Applicants must

- Be 14 years old and a registered member of the Boy Scouts of America.
- Attend Summer Camp with their unit the week their unit comes to camp.
- Have at least two complete Boy Scout uniforms. That includes:
  - Short sleeve shirts
  - Shorts
  - Long socks
- These uniforms must be worn at all times during program hours, so that more than two complete uniforms is desirable.
- Have a complete CIT application (including signatures).
- Bring their own bedding and personal gear.
- Live at camp during their time as a CIT.
- Work in weeklong periods. A CIT may work more than one week.
- Live by the Scout Oath and Law.

## The Camp will provide:

- Food and lodging.
- A great work and learning experience.
- Personal performance reviews.
- Supervision under the Camp Director and Program Director.

COUNSELOR IN TRAINING APPLICATION

Please select one: [ ] Paul Bunyan Scout Reservation [ ] Camp Rotary

GENERAL INFORMATION (PLEASE PRINT OR TYPE ALL ANSWERS)

NAME: OTHER NAME YOU PREFER TO USE: STREET ADDRESS: BIRTH DATE: CITY: STATE: ZIP: PHONE: WORK PHONE: EMAIL: SOCIAL SECURITY #

SCOUTING EXPERIENCE

BSA REGISTERED? TROOP/CREW: COUNCIL:

PRESENT RANK

HOW MANY YEARS HAVE YOU ATTENDED SUMMER CAMP?

LIST MERIT BADGES OR AWARDS YOU HAVE EARNED THAT RELATE TO SUMMER CAMP (I.E. CAMPING, PIONEERING, BSA LIFE GAURD):

OA MEMBER? YES NO HONOR LEVEL

HAVE YOU BEEN A CIT BEFORE? YES NO

Table with 3 columns: Year, Positions Held, Camp Name

What dates are you available to be a CIT?

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**Scoutmaster's Recommendation (required for youth under 18)**

This applicant has my recommendation to participate in the Counselor in Training program.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

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**Parent/Guardian Approval**

I hereby grant approval for my child to participate in the Counselor in Training program and I understand the Lake Huron Area Council has the right to terminate my child's participation at will and neither I or my child have any right to review this decision outside of the Boy Scouts of America.

Parent/Guardian Signature \_\_\_\_\_, Date \_\_\_\_\_

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**Applicant's Signature**

I certify that the facts in this application are true and complete to the best of my knowledge and if allowed to participate, falsified statements will be grounds for dismissal. I understand the Lake Huron Area Council has the right to terminate my participation in this program at will and I have no right to review this decision outside of the Boy Scouts of America.

Applicant's Signature \_\_\_\_\_, Date \_\_\_\_\_