**Counselor-In-Training (CIT)**

**Application**

**Part I: Information**

**If you have not had a Background Check for CCIW within the last 2 years,**

**the CCIW Regional Office will contact you for your Social Security Number.**

**Name Date of Birth ( / / )**

**Address City State Zip**

**Telephone ( ) Email**

**Name & City of Congregation where you hold membership:**

**Pastor’s Statement: This candidate regularly participates in the life of our congregation and I believe has the leadership skills necessary for serving in the regional camp program. To my knowledge, this person has never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor.**

**(Signature of Pastor—REQUIRED)**

**Which camp would you prefer to be a Counselor-in-Training (CIT): (number your preference)**

**Grandparent & Me** (Completed K-grade 5 + Grandparent)

**Beginners** (Completed grades K-2)

**JYF Camp** (Completed grades 3-5)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **This Box for Office Use Only (BGC=Background Check)** | | **Scanned** | | | |
| **BGC**  **Date** | **Needs**  **BGC** | **Processed BGC** | **Received BGC** | **Director Notified** | **Applicant Notified** |

**Chi Rho Camp** (Completed grades 6-8)

I would prefer to be a CIT at **Camp Walter Scott Pilgrim Park No Preference**

I am currently qualified/certified in **CPR First Aid Life-Saving Water Safety**

**Part II: Questionnaire** (Use the back side of this form, if necessary.)

**Question One:**

**Using five (5) words, how would you describe yourself as a Disciple of Christ:**

**Question Two:**

**In three (3) sentences, what interests you in becoming a Counselor-in-Training?**

**Question Three:**

**In three (3) sentences, what would you like to learn from this experience?**

**Question Four:**

**In three (3) sentences, briefly describe how you can contribute to the camp community.**

**Question Five:**

**In five (5) words or less, why should you be a Counselor-in-Training (CIT)?**

**PART III: References**

*Please list 3 persons (other than family) who are familiar with your character as it relates to working with children or youth. One of these references must be your congregational pastor (as indicated on page one).*

**(1) Name Email**

**Address City/State Zip**

**Telephone ( ) Relationship**

**(2) Name Email**

**Address City/State Zip**

**Telephone ( ) Relationship**

**(3) Name Email**

**Address City/State Zip**

**Telephone ( ) Relationship**

**AUTHORIZATION**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Outdoor Ministries of the Christian Church (Disciples of Christ) in Illinois and Wisconsin, to contact any persons or entities for the purpose of evaluating my fitness as a Counselor-in-Training (CIT): any prior employers; any education institutions I have attended; any sponsor of a child-related of youth-related activity in which I have participated; and a criminal background-check agency.**

**Permission is hereby given for the contact of any such person or entity and for the release of any records pertaining to my employment/service/character/general reputation/personal characteristics and mode of living. This release does not extend to financial records.**

I have not been convicted of a felony. I have been convicted of a felony.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a

minor? No Yes

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**Print Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\*\*FOR REGIONAL OFFICE USE ONLY\*\***

Reviewed and Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_