



314 Main Street Torrington, CT 06790  
[www.campmoe.org](http://www.campmoe.org) 860-618-2800

**Counselor in Training Program  
APPLICATION 2019**

**PLEASE PRINT**

**Part I**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

Nick Name: \_\_\_\_\_ Age as of June 1, 2018 \_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering fall 2016: \_\_\_\_ School: \_\_\_\_\_

Your Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CIT I – Entering 9<sup>th</sup> grade and has experienced a minimum of 3 years of camp

CIT II – Entering 10<sup>th</sup> or 11<sup>th</sup> grade and has experienced a minimum of 3 years of camp

\*\*\*camp experience does not have to be at Camp MOE\*\*\*

I am applying for: CIT I \_\_\_\_ CIT II \_\_\_\_

**Part II**

List what years you attended Camp MOE: \_\_\_\_\_

List the names and dates of other camps you have participated in:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Mark each area with either a W for Weak; A for Average; AA for Above Average and N/A for Not Applicable based on your skill level.

Swimming \_\_\_\_\_ Nature \_\_\_\_\_ Dance \_\_\_\_\_

Outdoor Skills \_\_\_\_\_ Sports \_\_\_\_\_ Games \_\_\_\_\_

Arts & Crafts \_\_\_\_\_ Music \_\_\_\_\_

Boating \_\_\_\_\_ Drama \_\_\_\_\_

List any extra curricular school, team or club activities that you participate in, or volunteer for.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you expect to gain from the Counselor in Training Program?**

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**Part III**

**References: One Teacher and One Personal (cannot be a relative or a friend)  
Please notify your references that Camp MOE will be contacting them.**

**1. Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_  
**Street Town, State Zip Code**

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_  
**Street Town, State Zip Code**

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Part IV**

**Our Counselor in Training program is very selective. We have high expectations for the participants. Please read and consider the following before submitting this application:**

- We have reserved these slots for individuals who truly show leadership potential and have a desire to excel in the camp setting. This is demonstrated through previous camp experience and performance (if applicable), the application, reference checks and a formal interview.
- Space is limited in the CIT program.
- All communications and forms should be the work of the CIT applicant.
- Submission of an application does not indicate an acceptance into the CIT program.
- If accepted you will be notified by the CIT Director.
- Acceptance into the CIT program does not guarantee future employment at Camp MOE.
- No deposit will be accepted unless the applicant is offered a position in the CIT program.

If you and your guardian agree and understand these terms, please sign below:

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications are to be returned to:  
Camp MOE 314 Main St. Torrington, CT 06790**