



Mount Tremper Outdoor Ministries, Inc.
 CAMP WILBUR HERRLICH
 101 Deacon Smith Hill Road
 Patterson, New York 12563
 Phone: 845-878-6662 Fax: 845-878-2030

COUNSELOR IN TRAINING APPLICATION

Applicant's Name _____

Sex: M / F _____ Date of Birth _____ Age (as of 7/05/10) _____

School _____ Grade completed (as of 7/05/10) _____

Mailing Address _____

City/Town _____ State _____ Zip _____ Home Phone# _____

Mother's Name _____

Father's Name _____

Address (if different) _____

Address (if different) _____

Phone # (if different) _____

Phone # (if different) _____

Work phone # _____

Work phone # _____

Cell phone # _____

Cell phone # _____

PLEASE NOTE: If you are accepted to the Counselor In Training Program, we will send you a follow up packet with forms that must be completed in addition to the application.

MORE ON BACK!

The CIT portion of this application must be completed in FULL. A paragraph written by the applicant must be attached for the application to be considered.

THE FOLLOWING SECTIONS MUST BE COMPLETED BY THE C.I.T. APPLICANT

Please answer the following questions as thoroughly and honestly as you can. You may use a separate piece of paper to either answer or continue your answers if you run out of space. This program consists of comprehensive leadership training and starts with *you* wanting to be a part of it and to learn things about yourself.

List any extra-curricular activities in which you participate or have participated:

List any experience you have had with children (club work, scouts, tutoring, playground work, baby sitting, teaching Sunday school, helping at nursery or elementary schools, etc.)

Please list some positive qualities you feel you possess and explain how you think they will affect your participation in this program:

Please list some negative qualities you feel you possess and explain how you think they will affect your participation in this program:

If you have attended Camp in the past, (either at Camp Herrlich or elsewhere,) please tell us what you liked best and worst about your experience. If you have not attended camp in the past, please tell us what you like best and worst about school:

SKILLS ASSESSMENT: Please evaluate yourself in the following activities using the ranking system below. Please be as honest as you can, this tool is used simply for evaluation and will not directly affect your chance at being accepted into the program.

1=Excellent Knowledge 2=Strong Knowledge 3=Average Knowledge 4=Poor Knowledge

CAMPING SKILLS

Tenting _____
Fire building _____
Orienteering _____
Hiking/backpacking _____
Survival skills _____
Indian lore _____

SPORTS SKILLS

Basketball _____
Baseball _____
Volleyball _____
Soccer _____
Group games _____

AQUATIC SKILLS

Swimming _____
Canoeing/boating _____
Fishing _____

PEOPLE SKILLS

Communication _____
Problem Solving _____
Conflict Resolution _____
Group Management _____

ART SKILLS

Dance/song _____
Crafts _____
Drama/Plays _____

On a separate sheet of paper, please explain why you wish to be part of the C.I.T. program. List what you hope to contribute to the program and what you hope to get out of the program. Please be as specific as possible, *in your own words*.

I understand that consistent attendance is critical to completion of this program.

Signed _____ Date _____
(C.I.T. Applicant)