

Counsellor in Training (CIT) Application Form



Name: _____ Age: _____

Parents/Guardian names (s):

Phone: _____ Cell Phone: _____

Email: _____ (please provide an email that is regularly checked
by you or a parent/guardian)

Medical Conditions/Allergies:

In your eyes, what would make a good CIT?

What experience or traits do you have that would make YOU a good CIT?

Please indicate which weeks and times between **July 4th** and **August 26th** and AM (9am - 12pm) or PM (1pm - 4pm) shifts) that you will be available for this summer.

Applicant signature: _____

Parent/Guardian signature: _____

Applications should be submitted to Sophie Leebrook by email at:
camp@waegwoltic.ca or in person at the Main Office **by April 30**