



Adventures in Nature Camp



COUNSELORS-IN-TRAINING APPLICATION 2020

Name: _____

Address: _____

Home phone: _____

Email address: _____

Date of birth: _____

School and grade level: _____

Extracurricular activities: _____

Please describe any relevant work or volunteer experience: _____

Please describe any camp experience as a participant and/or leader: _____

What are your skills, hobbies, and special interests?: _____

The job of a CIT is to assist Camp Staff with teaching, but also to learn a great deal while working. Please describe specifically what you hope to gain through participation in this program: _____

What qualities do you have that set you apart from the other applicants?: _____

A letter of recommendation is required from someone who is not a family member. Please list that person's information:

Name: _____

Address: _____

Phone: _____

Summer camp days can be physically challenging - being outside in the sun and rain, hiking and running around with kids. Do you know of any reason why you would not be able to perform these CIT duties?

_____ If yes, please explain: _____

Emergency Contact: Name: _____ Relationship: _____

Phone Number: _____

Physician Name & Number: _____

Allergies: _____ Do you know how to swim?: ____ Yes ____ No

Bees: ____ Y ____ N Food Allergies: ____ Y ____ N Nuts: ____ Y ____ N

If yes, what kind: _____ Other _____

Medical Issues: _____

Current Medications: _____

Medical Insurance Information:

Company Name: _____ Policy Number: _____

Please return this application with your **letter of recommendation** ASAP to:

Jennifer Godin

Administrative Coordinator

Great Swamp Outdoor Education Center

Morris County Park Commission

247 Southern Blvd.

Chatham, NJ 07928

jgodin@morrisparks.net

P: 973.326.7650; F: 973.656.2475