

# Nichols Day Camp

P.O. Box 472 Blue Hill, ME 04614

Telephone 207-374-9906 Fax 207-374-5862

www.nicholsdaycamps.org

## 2017 CIT (Counselor in Training) PROGRAM APPLICATION

Date of Application: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age at camp \_\_\_\_\_

Home Address:

\_\_\_\_\_

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

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

Summer Address (if different than above):

\_\_\_\_\_

Summer Home Phone (if different than above):

\_\_\_\_\_

I prefer to attend:

Session 1 (June 26, 2017 - July 21, 2017)

\_\_\_\_\_

Session 2 (July 24, 2017 - August 18, 2017)

\_\_\_\_\_

Either Session is fine

\_\_\_\_\_

Please answer the following questions:

1. List and describe any camp, volunteer, and/or work experience you have had. Please note any experience you have had working with kids. (Use the back side of the page if necessary.)

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