

# Adoptee Camp 2008

## Counselor In Training/CIT Application

### Applicant Information

Name: \_\_\_\_\_  
Last First M.I. Nametag

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone #: ( ) \_\_\_\_\_ Alt. Phone #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

School or business address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: / / \_\_\_\_\_ Sex:  M  F S.S. #: \_\_\_\_\_  
mo day yr

Birth Country: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  International Adoptee  Transracial Adoptee

Adoption Agency:  Holt-USA  Other \_\_\_\_\_

### Camp t-shirt size

(please check one) Youth:  S  M  L Adult:  S  M  L  XL  XXL

I will be 17 years or older at the time of camp.  Yes  No

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation?  Yes  No

### References (please list three references, not relatives)

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Work &/or Volunteer Experience Related to Children & Teens

Dates	Employer/Supervisor	Address	Responsibilities	Phone/E-mail

## Camp Experience

Dates	Camp & Director	Location	Camper, Staff or Other?

## Certifications

Please mark those for which you hold current certification and attach a copy of your certification. *(Not a requirement unless applying for position of Lifeguard or Health Staff.)*

### Health/Safety

- |                                    |                                       |                                       |
|------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CPR       | <input type="checkbox"/> lifeguard    | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> first aid | <input type="checkbox"/> nursing      | <input type="checkbox"/> other: _____ |
|                                    | <input type="checkbox"/> other: _____ | <input type="checkbox"/> other: _____ |

# Camp Program Skills

In the following list put a "T" before those activities you can organize and teach as an expert, and an "A" for those activities in which you can assist. Put a "C" after those in which you have current certification and attach a copy of your certification. *(Not a requirement)*

## Arts/Crafts

- \_\_\_ ceramics/pottery
- \_\_\_ drawing/painting
- \_\_\_ leather craft
- \_\_\_ metal work
- \_\_\_ photography
- \_\_\_ woodworking
- other: \_\_\_\_\_
- other: \_\_\_\_\_

## Dance *(list)*

- other: \_\_\_\_\_
- other: \_\_\_\_\_

## Drama

- \_\_\_ clowning
- \_\_\_ theater
- other: \_\_\_\_\_

## Music

- \_\_\_ singing
- \_\_\_ instruments *(list below)*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Sports/Fitness

- \_\_\_ martial arts *(list)*
- \_\_\_\_\_
- \_\_\_\_\_
- other: \_\_\_\_\_
- other \_\_\_\_\_

## Waterfront Activities

- \_\_\_ canoeing
- \_\_\_ kayaking
- \_\_\_ rafting
- \_\_\_ rowing
- \_\_\_ swimming
- other: \_\_\_\_\_
- other: \_\_\_\_\_

## Miscellaneous

- \_\_\_ cooking
- \_\_\_ poetry
- \_\_\_ identity issues
- \_\_\_ race issues
- \_\_\_ adoption issues
- \_\_\_ foreign language *(list)*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_ leadership development
- \_\_\_ writing
- \_\_\_ storytelling
- \_\_\_ team building
- other: \_\_\_\_\_
- other: \_\_\_\_\_

## Please answer the following questions

Why do you want to be a part of Holt Camp?

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What contributions do you think you can make at camp?

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