



YMCA CAMP WEAVER COUNSELOR IN TRAINING APPLICATION

Name:		Date:
Phone:	E-mail:	Grade:
Address:		School:
Parents/Guardian:		Parents Phone:
Which session are you applying for? Session 1 <input type="checkbox"/> or Session 2 <input type="checkbox"/>		

TELL US ABOUT YOURSELF!

Any previous camp experience? Y <input type="checkbox"/> N <input type="checkbox"/>	As a camper Where?	How Long?
Please tell us why you want to learn to work with children as a camp counselor and what you think the job requires?		
Please describe an accomplishment of which you are especially proud.		
List any talents, special interests or skills that you have to offer camp. (Activity instruction, artistic or musical talents)		
Please list any skills you hope to gain from our cit program.		
Please describe what you think teens need from a summer camp experience.		

Use additional paper, if you need more space to write.

Please attach: 2 letters of reference from a teacher, friend, minister or family member. Include a one-page essay on why you want to be a CIT at Camp Weaver and what you have to offer camp.

Return to: YMCA Camp Weaver 4924 Tapawingo Trail Greensboro, NC 27406

(336) 697-0525 www.campweaver.org