



**2012
Counselor-In-Training Application**

80 Carby Street, Westwood, MA 02090 Tel (781) 326-1770 Fax (781) 326-0676 www.HaleReservation.org

Applicant Contact Information

Name:		Date:
Permanent Address:		
Home #:	Cell #:	Grade entering in Fall:
Email :		

Educational Background

	Middle School	High School
School & Town		
Grade levels completed		
Honors		

Extra Curricular History *(Please list any sports, volunteer, club, other work experiences.)*

Program:	Dates From: To:	Supervisor:
Description/responsibilities:		
Program:	Dates From: To:	Supervisor:
Description/responsibilities:		
Program:	Dates From: To:	Supervisor:
Description/responsibilities:		

Camp Experience

Name of Camp	Location	# of years	Day or Resident?

References (Non-family members please)

Hale Reservation may contact all references prior to acceptance in CIT program.

Name	Address	Telephone	Title

Skills

Please put an **'A'** next to any activities you can **assist** with and a **'L'** next to any activities that you can **lead**.

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Drama | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fire Building | <input type="checkbox"/> Music | <input type="checkbox"/> Swimming (Lessons) |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Fishing | <input type="checkbox"/> Nature | <input type="checkbox"/> Swimming (Lifeguarding) |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Games | <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Teambuilding Activities |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Rowing | <input type="checkbox"/> other _____ |

Certifications

Please use the following space to specify any relevant **certifications** (first aid, swimming, ropes, etc.) or other special skills you may have.

Certification Type	Certifying Org. or Company	Expiration Date (if any)

Please answer the following questions on a separate piece of paper

1. Why you would like to participate in the Hale Day Camp Counselor-in-Training program?
2. What are some of your hopes, goals and expectations going into the summer?
3. Please share a favorite moment you have had while helping others.
4. How would your friends describe you?
5. Please share a story about a teacher, coach or friend who you look up to and why.
6. Feel free to include anything with this application that you think may help us get to know you better (e.g. essays, photos, stories, artwork, etc.)

**Please attach this application to the Registration Packet to be considered for the program.
If you have any questions about completing this form, please contact the Hale Day Camp Director.**