

YMCA Camping Services Camp Sky-Y

Counselor-In-Training Application

(To be filled out by the camper)



Date of Application _____

Age at start of CIT Program _____ *(June 15, 2008)*

T-shirt Size _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Social Security Number _____

Email address or cell phone number _____

Parent or Guardians Names _____

Work phone number of parent/guardians _____

Cell phone number of parent/guardians _____

Emails of parents/guardians _____

Name of parent/guardian with whom you reside _____

Present School _____ Grade Point Average _____

Present Grade in School _____

Please list any Extracurricular Activities

Summer Camp Experience

Camp Attended	Location	Years Attended
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Work or Volunteer Experience

Employer Name	Position	Dates of work
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Why have you applied for the CIT Program?

Discuss several specific skills you hope to learn in the CIT program

What qualities and talents can you share with Sky-Y in the CIT program?

In your opinion why does Sky-Y offer the CIT Program?

The trip to Zion, Bryce Canyon, and Lake Powell involves a long bus ride and strenuous hiking portion. Please describe any physical limitations we should be aware of.

Anything else you would like to share with us?

Applicant Signature _____

THANKS!

Parent/Guardian Signature _____

Please Return Application to:

Laura Pauli - Teen Director Camp Sky-Y.

5725 S. Senator Hwy. Prescott, AZ 86303.

Fax 928-830-4869.

If you have questions call 1-800-660-1385

