



**COUNSELOR IN TRAINING APPLICATION**  
**CAMP DARK WATERS**  
**P.O. BOX 263**  
**MEDFORD, NJ 08055**  
**Phone (609) 654-8846**  
**Fax (609) 654-2022**



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Years Attended Camp Dark Waters \_\_\_\_\_

**Session You Are Applying For (Please Circle One) June 20 – July 18 or July 18 – August 15**

Are you also available for the other session? \_\_\_\_\_

**PREVIOUS CAMP EXPERIENCES**

Name of Camp \_\_\_\_\_ Year(s) attended \_\_\_\_\_ Camper or Staff \_\_\_\_\_

Name of Camp \_\_\_\_\_ Year(s) attended \_\_\_\_\_ Camper or Staff \_\_\_\_\_

Name of Camp \_\_\_\_\_ Year(s) attended \_\_\_\_\_ Camper or Staff \_\_\_\_\_

**EXPERIENCES WORKING or VOLUNTEERING WITH CHILDREN**

1. Description \_\_\_\_\_

Years \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone( ) \_\_\_\_\_ - \_\_\_\_\_

2. Description \_\_\_\_\_

Years \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone( ) \_\_\_\_\_ - \_\_\_\_\_

**OTHER WORK or VOLUNTEER EXPERIENCES**

1. Company \_\_\_\_\_ Job Title \_\_\_\_\_

Years \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone( ) \_\_\_\_\_ - \_\_\_\_\_

2. Company \_\_\_\_\_ Job Title \_\_\_\_\_

Years \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone( ) \_\_\_\_\_ - \_\_\_\_\_

**LIST YOUR CURRENT CERTIFICATIONS BELOW**

- Standard First Aid: Obtained \_\_\_\_\_ Expires \_\_\_\_\_
- CPR: Obtained \_\_\_\_\_ Expires \_\_\_\_\_
- Archery Instructor: Obtained \_\_\_\_\_ Expires \_\_\_\_\_
- Lifeguard: Obtained \_\_\_\_\_ Expires \_\_\_\_\_
- Other: Obtained \_\_\_\_\_ Expires \_\_\_\_\_

**Why do you want to be a Counselor-In-Training?**

---

---

---

**What opportunities have you had to be a leader?**

---

---

---

**What would you like best and worst about working with younger (7-10 year-old) campers?**

---

---

---

**What would you like best and worst about working with older (11-14 year-old) campers?**

---

---

---

---

**If you could pick your perfect day at camp, what activities would you choose?**

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

Evening Program. \_\_\_\_\_

**What do you think is your strongest personal characteristic?**

---

---

---

**What do you imagine will be your greatest difficulty while at camp?**

---

---

---

**What contributions do you think a well-run camp can make to children?**

---

---

---

**What contributions do you think you can make at camp?**

---

---

---



## References

Please list at least 3 people. No more than 1 may be related.

1. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

4. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_