



Application for Camp Leadership Program
CIT1, CIT2, BLIT1, BLIT2
1 Commerce Dr., Bedford, NH 03110-0832
Phone: 888.474.9686 / Fax: 603.627.4169

Office Use Only:

Name: _____ Camp Name (if you have one) _____
 Address: _____ City: _____ State _____ Zip: _____
 Phone: (_____) _____ Email: _____
 Parent/Guardian Name: _____ Email: _____

Position Desired and confirm Group Interview date

<input type="checkbox"/> Counselor in Training 1	CIT/BLIT Dates 2019: Sunday July 7-Friday July 19 and Sunday July 21- Friday August 2, 2019
<input type="checkbox"/> Barn Leader in Training 1	
<input type="checkbox"/> Counselor in Training 2	
<input type="checkbox"/> Barn Leader in Training 2	

Group interview Sun, April 28, 2019, from 12-1pm at Camp Farnsworth, before Open House.

<p>For each skill, please rate your level of skill as:</p> <p>(1) Something you would like to learn (2) Something you have experience with (3) Something you have certification in or can teach</p>	<p>Education</p> <p>Current school: _____ Current Grade as of 2/1/2019: _____</p>																		
<table border="0"> <tr><td><input type="checkbox"/> Archery</td><td><input type="checkbox"/> Woodworking</td></tr> <tr><td><input type="checkbox"/> Airsoft Riflery</td><td><input type="checkbox"/> Theatre/Drama</td></tr> <tr><td><input type="checkbox"/> Kayaking</td><td><input type="checkbox"/> Camp Songs</td></tr> <tr><td><input type="checkbox"/> Canoeing</td><td><input type="checkbox"/> Camping</td></tr> <tr><td><input type="checkbox"/> Paddleboarding</td><td><input type="checkbox"/> Outdoor Cooking</td></tr> <tr><td><input type="checkbox"/> Horseback Riding</td><td><input type="checkbox"/> Low Ropes/Teambuilding</td></tr> <tr><td><input type="checkbox"/> Horse Care</td><td><input type="checkbox"/> High Ropes/Belaying</td></tr> <tr><td><input type="checkbox"/> Ecology/Nature</td><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Arts & Crafts</td><td><input type="checkbox"/> Other _____</td></tr> </table>	<input type="checkbox"/> Archery	<input type="checkbox"/> Woodworking	<input type="checkbox"/> Airsoft Riflery	<input type="checkbox"/> Theatre/Drama	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Camp Songs	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Camping	<input type="checkbox"/> Paddleboarding	<input type="checkbox"/> Outdoor Cooking	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Low Ropes/Teambuilding	<input type="checkbox"/> Horse Care	<input type="checkbox"/> High Ropes/Belaying	<input type="checkbox"/> Ecology/Nature	<input type="checkbox"/> Other _____	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Other _____	<p>What skills and experiences do you bring that make you a good candidate for CIT or BLIT?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Why are you a good role model for campers at Girl Scout Camp Farnsworth?

What makes camp a memorable experience for girls? How would you contribute to that as a Camp Aide or CIT/BLIT?

Reference: List three adults not related to you, who can speak about your character and qualifications for this position.

Name	Email	Phone	Position/Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize GSGWM or its agents to conduct an investigation in connection with my application. I authorize persons, schools, law enforcement agencies and previous employers who may have relevant information to disclose it and release all such from any liability on account of such disclosure. I understand that any false, misleading or incomplete information may result in rejection of this application or termination of my position. I understand the CIT/BLITs at camp are campers, and must follow all safety and supervision rules as campers.

Signature _____ Date _____