

Wabash Park Camp and Retreat Center

Counselor In Training (CIT) Application

PART I: Personal Information

First Name: _____ Last Name: _____ Middle Initial: _____

Age: _____ Date of Birth: __/__/____ Cell Phone:(____)_____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Gender: ___Male/Female___

PART II: Education

Grade completed at the end of this school year: _____

Have you served as a CIT before? _____ If yes, how many years? _____

PART III: Health

Do you currently have any physical disorders/limitations/allergies that would prevent you from taking part in strenuous activities? No: _____ Yes: _____ Please Explain: _____

Are you presently or in the past year, been under psychiatric care, or taking prescription drugs for related causes? No: _____ Yes: _____ Please Explain: _____

Emergency Contact Name: _____ Phone#: _____

PART IV: Ministry & Church

Church: _____ How often do you attend?: _____

Pastor's Name: _____ Church Phone#: _____

How do you volunteer within your local church or a parachurch organization:

PART V: References

Please provide the attached reference form to your Pastor or Youth Leader.

PART VI: Spiritual

Have you accepted Jesus Christ as your Lord and Savior? _____

From your perspective, What is the Bible? _____

What are you doing on a daily basis to grow your faith? _____

PART VII: Availability

2022 Camp Dates-- Please indicate which week(s) you would be willing to serve as a CIT

____ Explorer Camp I	June 6 - 11	Grades 4 - 6
____ Explorer Camp II	June 20 - 25	Grades 4 - 6
____ Base Camp	July 7 - 9	Grades 1 - 3

Commitment of Applicant

I understand that if I am accepted into the Counselor in Training program and if any statement herein is not true, I may be released immediately.

I understand that I will be required to abide by all camp policies, standards, and regulations, as they are declared from time to time.

I further understand that I hereby authorize Wabash Park Camp and Retreat Center to contact prior employers and any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references and prior employers from any liability for information provided in good faith.

I affirm that I have neither been convicted of nor am I the subject of, pending charges for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction.

I hereby affirm and acknowledge, by signing immediately below, that all of the information provided and all of my answers to the foregoing questions are true and complete, and that any misrepresentation or omission may be grounds for rejection or if later employed, dismissal.

Signature of Applicant

Date

Printed Name

FINAL INSTRUCTIONS

Send this completed application to the addresses below.

Wabash Park Camp & Retreat Center

Attention: Penny Jones

1062 S. Pershing Ave.

Indianapolis, IN 46221

--OR--

Email: PennyCamp27@gmail.com

Recommendation for Counselor In Training at Wabash Park Camp & Retreat Center

To be completed by a Pastor or Youth Pastor/Leader

Applicant's Name: _____

The above named person is applying to be a Counselor In Training at Wabash Park Camp and Retreat Center. The early return of this form will be appreciated as it will expedite the processing of this candidate's application. Any information which you may give us will be regarded as strictly confidential.

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Does the lifestyle of the Applicant reflect a walk with Christ? _____

How regularly does the applicant attend church? _____

Does the applicant take an active interest in Christian service? Please Explain.

How does the Applicant deal with conflict in his/her Youth Group or Small Group? _____

What is 1 thing I should know about the applicant? _____

Do you recommend this applicant to serve as a CIT at Wabash Park Camp & Retreat Center? _____

Form completed by _____ Date _____