



Our Counselor in Training (CIT) program provides an opportunity to gain valuable leadership experience through teaching, playing with, and learning from children. CITs are involved in a training program that includes working hand in hand with staff, being evaluated by staff members, and receiving feedback from the directors. This is a volunteer program for students entering 9th and 10th grades. The CITs are our oldest campers in camp. The fee for the CIT Program is \$800 for returning CIT's / previous MBC Campers and \$900 for new CIT's. A non refundable deposit of \$200 must be made upon acceptance into CIT program. Payment must be paid in full by April 1st, 2020. All prospective CITs must complete an application and participate in an individual interview. There are a limited number of participants accepted into the program.

Name	Age	Today's Date
Nickname	Date of Birth	
Address		

Gender (M/F)	Home Phone	Cell Phone
--------------	------------	------------

Email

School Name

Last Day of School this Spring	Grade Next Fall
--------------------------------	-----------------

Dates Available This Summer From ____/____/____ To ____/____/____

Will you be away for a vacation during that time? If yes, when?
Yes/No

How did you hear about us?

On a separate piece of paper, please answer the following questions ***Returning CITs do not need to fill out***

1. If you attended summer camp as a child, what do you remember most? Why? What was your favorite thing about camp? Who (if anyone) do you remember and why?
2. Why do you want to be a CIT?
3. Please describe an opportunity you have had to play or work with children.
4. What words would a child who knows you use to describe you?
5. How would your friends describe you?
6. How would you describe yourself to some who doesn't know you?
7. As a child what adult(s) did you look up to and why?
8. What do you think a child gets out of a summer camp experience?

References: Please list 3 people that we can call and speak with to get to know you better – teachers, coaches, family friends, people you babysit for, etc... Please no family members

Name	Contact Number	Relation

Signature of Applicant: _____ Date _____

I hereby give my permission for my son/daughter to apply to Camp Malibu, Inc. CIT program

Signature of Parent/Legal Guardian _____ Date _____

**Please complete application and email to: mbc@malibubeachcamp.com
Or mail to: Camp Malibu, Inc., Attn: Ilissa Epstein, 27 St Johns Place, Freeport NY 11520**