

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 \$1100 for returning CIT's / previous MBC Campers and \$1350 for new CIT's. A nonrefundable deposit of \$200 must be made upon acceptance into CIT program. Payment must be paid in full by April 1st, 2023. 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 CIT's do not need to complete 1-8**

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?
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, people you babysit for, etc... **Family Members may NOT be used as references**

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 email to: ilissa@malibubeachcamp.com

Or mail to: Camp Malibu, Inc., Attn: Ilissa Epstein, 27 St Johns Street, Freeport NY 11520