## **MUST BE 14 OR 15 ON JUNE 30TH**

## **COUNSELOR IN TRAINING APPLICATION**

I wish to apply to be a CIT at:	Massawepie Scou	ıt Camp _	Cub Scout Adventure Camp
Name:	Social Security #:		
Address:	City		Zip:
Phone #:	_ Date of Birth:		Age on 6/30/04
School:	Current Grade:		
SCHOOL/CHURCH ACTIVITI	<u>ES</u> (Honors, Clubs,	Groups, Spo	orts, Etc.)
SCOUTING RECORD			
Unit #: District:		Meeting Place:	
Current Rank:	Date Aw	arded:	
Troop Leadership Positions:			
Other Honors or Achievements (	e.g. Order of the Arr	ow, Religion	us emblems etc)
In what Council Scouting activiti	es have you particip	ated? (e.g. J	LT, Philmont, Jamborees etc)
Number of years you have attend			
Which Scout skills are your strong	igest?		
Which Scout skills are your weak	xest?		
Briefly explain why you are inter	ested in being a CIT	this summe	r.

## **PERSONAL REFERENCES** (Please do not use relatives)

ADDRESS	PHONE			
parents (guardian) must accompany June 30, 2004 to participate in the	<del>-</del>			
prove my son's (ward's) applicationing program. I will attend his introduct be 14 years old by June 30, 2 ram and must obtain a working pe	erview. I also understand that 2004 to participate in the CIT			
PPLICATION, GET YOUR UNIT	LEADER APPROVAL!			
nown him for years.				
I	Date:			
OFFICE USE ONLY				
By:				
on#1 (7/8-7/20) #2 (7/22-8 Session #1 (6/27-7/17) S	· · · · · · · · · · · · · · · · · · ·			
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