

**URBANA PARK DISTRICT  
COUNSELOR-IN-TRAINING (CIT) APPLICATION**

Experience camp from the leader's point of view and bring your own energy and talents to the Urbana Park District's summer camps. Participate in and lead daily camp activities while assisting counselors and children with Nature Day Camp. CITs will volunteer 15-20 hours per week, three days each week. Throughout the summer, CITs will set personal goals for success, attend weekly CIT meetings and reflect on experiences while growing personally and professionally. Join the elite group of teens who gain experience and leadership skills that prepare them for future summer and part-time jobs.



**Camp Dates:** Monday-Friday, June 1 – July 31 from 8:30am-3pm (pending the last day of school)

**Fee \$360** (required upon acceptance into program)

**Name** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Number Street City State/Zip

**Phone #** \_\_\_\_\_ **Parent Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_ **Parent Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age as of June 1, 2020** \_\_\_\_\_

**Current Grade in School** \_\_\_\_\_ **School Attending** \_\_\_\_\_  
(Completion of 7th grade required)

**How did you learn about the Counselor-in-Training program?**

\_\_\_\_\_  
\_\_\_\_\_

**Have you attended a camp before? If so, where and briefly describe your experience.**

\_\_\_\_\_  
\_\_\_\_\_

**Have you been a Counselor-in-Training before?** \_\_\_\_\_

**List any academic awards or honors you have received:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What types of extracurriculars such as sports, arts and/or recreational activities do you enjoy?**

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**Why do you want to be a Counselor-in-Training?** \_\_\_\_\_

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**What do you feel you can contribute to Urbana Park District day camps as a Counselor-in-Training?**

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I understand that neither submission of this application nor selection for an interview guarantees acceptance into the Counselor-in-Training program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL REFERENCES:** List adults who know you well and are **not** relatives.  
(Acceptable references can be teachers, coaches, mentors, youth group leaders, etc.)

	Name	Email	Phone	Relationship
1.	_____			
2.	_____			
3.	_____			

**Return application to:**

Chelsea Prah, Environmental Education Coordinator  
Anita Purves Nature Center  
1505 N. Broadway  
Urbana, IL 61801  
ckprahl@urbanaparks.org  
Re: CIT Application

**For more information, call the Nature Center at 217-384-4062.**

**APPLICATION DUE BY MARCH 13, 2020**