

2016 CAMP HINDS CIT (Counselor in Training) APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Tel _____ E-Mail _____

Facebook _____ Eagle Scout? _____

Unit _____ Rank _____ Leadership Position _____

Age on July 1, 2016 _____ Date of Birth _____

Reference:

Scoutmaster _____ SM Phone _____

Scoutmaster E-Mail _____

Camping Experience

Boy Scout Summer Camp as Camper # of years _____ Where _____

Winter Camp as Camper # of years _____ Where _____

Counselor in Training # of years _____ Where _____

Summer Camp Staff # of years _____ Where _____

Winter Camp Staff # of years _____ Where _____

Jamboree/NOAC/High Adventure # of years _____ Where _____

Select session preference:

Session 1 (July 10th- July 29th)

Session 2 (July 31st- August 20th)

State why you would like to be in the CIT program: _____

List outdoor activity experience _____

List leadership experiences _____

Applicant Signature _____ Date _____

Parent Signature _____ Date _____

Return applications to:

Camp Hinds Director
Pine Tree Council, BSA
146 Plains Road
Raymond, ME 04071

Or Scan and email to: matt.randall@scouting.org