

## 2018 CAMP HINDS CIT (Counselor in Training) APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ E-Mail \_\_\_\_\_

Eagle Scout? \_\_\_\_\_ Leadership Position \_\_\_\_\_

Council \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

Will you be 14 by July 1, 2018 \_\_\_\_\_ 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 \_\_\_\_\_

NYLT # 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 8nd- July 27th)

\_\_\_\_\_ Session 2 (July 29st- August 17th)

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

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List outdoor activity experience

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List leadership experiences

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

Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return applications to:**

Pine Tree Council,  
C/O Jack Waite, Camp Hinds Director  
146 Plains Road,  
Raymond, ME 04071

**Cell: 207-894-4011 Fax: 207-655-6282 Email: [jackwaitejr@scouting.org](mailto:jackwaitejr@scouting.org)**