



# Camp Sweyolakan



## Junior Counselor-in-Training Program

(Please print.)

Name: \_\_\_\_\_ Age: \_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ School: \_\_\_\_\_ Fall Grade: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Current Member? \_\_\_\_\_

Youth Leadership Experience:	# of Years:	Responsibilities:
1.		
2.		
3.		
4.		
Experience at Camp:	# of Years:	Type of Camp:
1.		
2.		
3.		
Leadership Experience:	Indicate leadership skills obtained and where	
1.		
2.		
3.		

**REFERENCES:**

One Youth Reference Form is required. Include this written reference in your reference list. List a minimum of three (3) employers, supervisors, clergy, teachers, advisors, etc. Do not include friends or relatives.

Name:	Phone Number	E-mail address	How do you know this person?
_____	(____)	_____	_____
_____	(____)	_____	_____
_____	(____)	_____	_____

**Please answer the following questions: (Please print neatly)**

Why do you wish to participate in the Junior CIT program at Camp Sweyolakan?

What do you hope to accomplish and learn from this program?

How do you feel about living with a small group of the same people for an extended period of time?

What qualities do you think a good leader should have?

Describe a conflict you've had with a peer or a group of peers. How did you resolve it?

What leadership skills are you hoping to obtain by completing the Jr. CIT program?

In one word, what is your leadership style? Please explain.

Include a single 8.5x11 paper (no bigger please) with your own "picture" of what a leader is to you. Be creative - can be picture, poem, song - it is up to you. (We are looking for content, not artistic talent.)

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"I am acquainted with the purpose of the Counselor-In-Training program at Camp Sweyolakan. I approve of my son/daughter enrolling in the course. I am also aware that the CIT's will be doing camp visitations that involve going out-of-camp during the CIT session, and give permission for my son/daughter to participate.

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

Printed Name: \_\_\_\_\_

## Application Deadline: April 10th or until program fills

Only completed applications will be considered for the program,

**Be sure to include your 8 ½ x 11 "picture", this application and Youth Reference Form.**

The Youth Reference Form can follow application, but must arrive prior to start of program.

Mail application to: Camp Fire USA Inland Northwest Council, 524 N. Mullan Road, Spokane Valley, WA 99206

E-mail: [sweyolakan@campfireinc.org](mailto:sweyolakan@campfireinc.org) Phone: (509) 747-6191 or (800) 386-2324 FAX: (509) 747-4913