



Counselor-In-Training Application 2010



Complete the entire application NEATLY- Applications that cannot be read will not be processed.

Return to: Camp T. Brady Saunders Phone: 804-556-3633
CIT Staff Application Fax: 804-556-2663
1723 Maidens Rd.
Maidens, VA 23102

Name: _____ Phone Number: _____

Address: _____

City/State/Zip: _____

Troop #: _____ Rank: _____ Date of Birth: _____ Age in Camp: _____

Email: _____

Years as a Boy Scout: _____ Leadership Position in Troop: _____

Are you an OA member? _____ Level (O, B, V): _____

Your Personal Resources:

How much and what kind of camping experiences have you had? When? _____

What Scout Training Courses have you completed? When? (Buckskin, JLT) _____

Check each of the following merit badges you have earned.

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Fish & Wildlife | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Leatherwork |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Forestry | <input type="checkbox"/> Camping | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Lifesaving | <input type="checkbox"/> Mammal Study | <input type="checkbox"/> Climbing |
| <input type="checkbox"/> Wilderness Survival | <input type="checkbox"/> Lifeguard BSA | <input type="checkbox"/> E. Science | <input type="checkbox"/> Basketry |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Woodcarving | <input type="checkbox"/> Space Exploration | <input type="checkbox"/> Rifle |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Shotgun | <input type="checkbox"/> First Aid | <input type="checkbox"/> Soil & Water |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Emergency Prep. | <input type="checkbox"/> Weather | <input type="checkbox"/> Pioneering |

If accepted I understand that I am obligated to complete Staff Week and a minimum of one additional week of camp. Parent and Scoutmaster signatures are required.

Applicant Signature _____ Date

I/We have read the description of the Counselor-In-Training program and approve of our/my son's full participation.

Parent/Guardian Signature _____ Date

I recommend the above Scout for the Counselor-In-Training Program

Unit Leader Signature _____ Phone _____ Date

Received _____ Office Use Only Accepted _____ Confirmed _____