

Windsor Hills Camp and Retreat Center – You must be at least 15 by the date of the camp to be a CIT!

29 White Pond Rd., Windsor, NH 03244 (603) 478-3363 Fax: (603) 478-3373 Email: pastorricksmith@familyofsmiths.net

CIT - COUNSELOR IN TRAINING APPLICATION – 2010

CIT's are accepted for Boys' and Girls' camps. For information, call the specific camp director in charge.

Last Name _____ First _____ Date of birth _____ Which Camp? BOYS GIRLS
Circle one

Address _____ City _____ State _____ Zip _____

Phone () _____ Email: _____ Other phone _____

Church Name _____ Pastor's name _____

If this church is not a Nazarene Church, please include address and phone number

Parent (or legal guardian) name _____ Phones: _____ W: _____

Additional requirements to be sent to camp office (in addition to a copy of this form):

- Voluntary Disclosure statement. If 18 years of age or older, criminal background check form
- Health form and permission to treat, completed and signed.

What experience do you have in working with children?

State briefly why you want to be a C.I.T

Have you attended Windsor Hills Camp as a camper Yes No

If yes, which camps: _____

Have you ever been a CIT before at a Windsor Hills camp? Yes No

If yes, Which camps: _____

Do you have special training in any of these areas Yes (Red Cross lifesaving, babysitting, CPR, etc.)

If yes, please list

Give brief testimony. Include when you were saved and how you are living your Christian life: _____

I agree to abide by all camp rules and to act responsibly and in the best interest of the campers at all times. I understand that no smoking, alcoholic beverages, illegal drugs, weapons, radios or CD/tape players are allowed in camp and that dress shall be modest, as becomes a Christian, as defined by the camp executive director.

SIGNATURE OF APPLICANT x _____ **Date:** _____

For minors: My Child has my permission to participate in the CIT Program at Windsor Hills.

"I certify that my child named above meets the requirements for counselors specified in Env-Wq 904.02(d) (No convictions for causing physical harm to another, harming or threatening a child in any form, taking property of others by force or deception.) I understand that this certification will be relied on by the owner(s) and operator(s) of Windsor Hills in determining whether to allow the above named child to work directly with campers."

Signature of Parent x _____ **Date** _____

I recommend this applicant for participation in the CIT program at Windsor hills.

Signature of Pastor x _____ **Date** _____

PROVIDE 2 REFERENCES to be contacted-(other than pastor)

Full name, address, and telephone number; relationship to you. No relatives, please.

1.

2.

IMPORTANT: Send your CIT application to Rick Smith, 29 White Pond Rd., Windsor, NH 03244

Send a copy of your completed **CIT application, background check/voluntary statement and health form** to Windsor Hills Camp.

Include a CIT registration check for \$50. This will be returned if you are not selected for the program.

T Shirt Size: Circle One: Sm – Med – Lg – XLg – AdltSm – AdltMed -- AdltLg