



BOY SCOUTS OF AMERICA

# COUNSELOR IN TRAINING APPLICATION

All Boy Scout and Cub Scout Camping Programs  
Nashua Valley Council BSA

**Join the Camp Staff** - NASHUA VALLEY COUNCIL has earned an enviable reputation over the past years by providing boys with a great camping experience.. Opportunities to serve Scouting by being a member of the NASHUAVALLEY COUNCIL Camp Staff are available to outstanding members of the Boy Scouts of America. The requirements are stiff the job demanding; the experience exhilarating!

## GENERAL REQUIREMENTS – A COUNSELOR IN TRAINING MUST

1. Be a registered member of the Boy Scouts of America
2. AGE – Be at least 14 years of age by the start of the camp season (Approx. June 15<sup>th</sup>.)
3. Be at least a First Class Scout and uphold the ideals expressed in the Scout Oath and Law.
4. Have a Scoutmaster appraisal submitted with this application.
5. There is a \$125 fee for the CIT Program.

Applicants are not required to give any information of this form that is prohibited by Federal, State or local law. This application will be given every consideration, but it's receipt does not imply that the applicant will be employed. Applicants accepted for employment are on a trial basis with a probationary period and if in our judgment it is found that the employee is not adaptable to the work assigned, or that information has been misrepresented, the engagement may be terminated without other reason. In connection with your application for employment, an investigation may be made requesting information as to character, general reputation, personal, characteristics, and mode of living.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*print in full) Last First M.I.*

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

College or Work address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone at this address: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## EDUCATION AND SPECIALIZED TRAINING:

Name & Location of School: \_\_\_\_\_

### (GIVE DATES ON THE FOLLOWING)

C.P.R. Course \_\_\_\_/\_\_\_\_/\_\_\_\_ B.S.A. Lifeguard \_\_\_\_/\_\_\_\_/\_\_\_\_ Jr. Leader Training/R.S.T. \_\_\_\_/\_\_\_\_/\_\_\_\_

Religious Awards achieved: \_\_\_\_\_

Hobbies, Clubs, & Extracurricular Activities outside of Scouting: \_\_\_\_\_

Leadership Positions Held in these Activities: \_\_\_\_\_

Name: \_\_\_\_\_  
Last / First  
OFFICE USE ONLY : RECEIVED: / / CAMP  
Fee enclosed: \_\_\_\_\_

**MY SCOUTING EXPERIENCE:**

Number of Years in Scouting: \_\_\_\_\_ Last Rank: \_\_\_\_\_ District \_\_\_\_\_ Council: \_\_\_\_\_  
Leadership Positions Held: \_\_\_\_\_  
Order of the Arrow: \_\_\_\_\_ O, \_\_\_\_\_ B, \_\_\_\_\_ V, Lodge Offices Held: \_\_\_\_\_  
High adventure Bases Attended: \_\_\_\_\_  
Jamborees: \_\_\_\_\_

**MY SCOUT CAMP EXPERIENCE: (Camps Attended)**

Camp: \_\_\_\_\_ Years \_\_\_\_\_  
Camp: \_\_\_\_\_ Years \_\_\_\_\_  
Camp: \_\_\_\_\_ Years \_\_\_\_\_

Why do you want to be a Counselor in Training? (Attach pages if necessary) \_\_\_\_\_

**REFERENCES: (Adults not including parents or relative) including previous employer if applicable.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Years reference has known you: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Years reference has known you: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Years reference has known you: \_\_\_\_\_

**All applicants under 18 years of age must have this application signed by their parents.**

CIT's attend Staff Week at the beginning of the summer plus two regular camp weeks during the summer. The camp season starts approximately the third week of June and can continue until the third week of August. Please indicate which camp weeks (#1-#77) you would like to attend (consult the Council planning Calendar for the exact dates): # \_\_\_\_\_ # \_\_\_\_\_

All Camp Staff members and CIT's must e registered members of the Boy Scouts of America

If selected, the Boy Scouts of America can expect my loyalty to the management, it's policies and programs and my full cooperation with other members of the staff. I will serve to the best of my ability for the entire camping season in the camp to which I am employed. I am in good physical condition and if employed, will provide an up-to-date physical examination at my own expense.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Please return your complete application to:

Camping Services (CIT program)  
Nashua Valley Council, B.S.A  
1980 Lunenburg Rd.,  
Lancaster, MA 01523

DEADLINE FOR APPLICATIONS IS  
March 1<sup>st</sup>

**NASHUA VALLEY COUNCIL, BOY SCOUTS OF AMERICA**  
**TO BE FILLED OUT BY ALL APPLICANTS UNDER 18 YEARS OF AGE**

**Unit leader appraisal sheet**  
**For**  
**Counselor In Training**

SCOUT'S NAME: \_\_\_\_\_ UNIT #/TOWN \_\_\_\_\_

This scout is an applicant to become a member of the Nashua Valley Council CIT Summer Camp Staff. Please fill in the information requested below so that the camp directors can make the best possible selection.

1. Has he been active in a majority of the unit's activities during the past year? \_\_\_\_\_
2. What office, if any, does he hold in your unit? \_\_\_\_\_
3. Does he have the general qualifications to be a member of the camp staff? \_\_\_\_\_
4. How would you rate the following characteristics?  
Use a scale from 0-10, with 0 being the lowest and 10 being the highest.
  - Ability to carry out the assigned job \_\_\_\_\_
  - Willingness to take responsibility \_\_\_\_\_
  - Personal habits (cleanliness, language, behavior) \_\_\_\_\_
  - Good reputation with other Scouts \_\_\_\_\_
  - Ability to handle groups and leaders \_\_\_\_\_
  - Leadership of others \_\_\_\_\_
  - Supports the aims and methods of the Scouting movement. \_\_\_\_\_
5. What are the applicant's strengths? \_\_\_\_\_
6. What are the applicants weaknesses? \_\_\_\_\_

Please give any additional comments. Attach other sheets if necessary.

**DO NOT RETURN THIS FORM TO THE SCOUT.** Applicants under 18 years of age must have this appraisal form on file prior to their interview with the camp director.

Mail this confidential information to:                      Camp Services (CIT Program)  
Nashua Valley Council, BSA  
1980 Lunenburg RD, Lancaster MA 01523

Signed: \_\_\_\_\_ (Scoutmaster/Varsity team Coach/Explorer Advisor)

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

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

**Please note: A CIT application will be kept pending until this form is received. Please return before March 1<sup>st</sup>!. Thank you.**