



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF FREDERICK COUNTY SUMMER DAY CAMP CIT Application Checklist

**Application deadline: March 31**  
**Applicants selected: April 30**

**Please complete ALL steps to submit your CIT Application:**

## STEP ONE

**COMPLETE BOTH PAGES OF THE APPLICATION.**

Please print responses clearly; or submit a typed version of the questions and answers.

## STEP TWO

**DISTRIBUTE REFERENCE FORMS TO 2 PEOPLE.**

References should be persons that can best speak objectively to your character. They need to have known you for at least one year. Please have them submit the Reference Form directly to the Y (As per directions on the Reference Form).

Reference Names:

1. \_\_\_\_\_

2. \_\_\_\_\_

## STEP THREE

**SUBMIT COMPLETED APPLICATION TO THE Y.**

Please submit the completed two page application, along with this checklist, to the Y in one of the following ways:

**Mail/Drop off Evan Bates, CIT Coordinator**  
YMCA OF FREDERICK COUNTY  
1000 N Market Street  
Frederick, MD 21701

**OR**

**Scan and email to:**  
[ebates@frederickymca.org](mailto:ebates@frederickymca.org)

**You will be contacted by our CIT Coordinator for the next steps in the process: including interviews for the CIT Position, scheduling and training. (Availability and schedules are not needed at this time.)**

# THANK YOU!!



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# YMCA OF FREDERICK COUNTY SUMMER DAY CAMP CIT Reference Form

CIT Candidate's Name: \_\_\_\_\_

The CIT candidate listed above has applied to be a Counselor-In-Training (CIT) at our summer day camp. We take great care when choosing our CITs as they serve an integral role as both a camper AND a role model for our younger campers. Your honesty is appreciated as it will guide us in our decisions. Thank you!

1. How long and in what capacity have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe why you think the applicant would be a good caregiver and role model for children in a recreational setting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all of the following characteristics that you have witnessed of the applicant:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Caring                   | <input type="checkbox"/> Leadership               | <input type="checkbox"/> Respects Rules         |
| <input type="checkbox"/> Honesty                  | <input type="checkbox"/> Demonstrates Patience    | <input type="checkbox"/> Strives to Improve     |
| <input type="checkbox"/> Respectfulness           | <input type="checkbox"/> Positive Role Model      | <input type="checkbox"/> Works Well With A Team |
| <input type="checkbox"/> Responsibility           | <input type="checkbox"/> Emotional Maturity       | <input type="checkbox"/> Creative               |
| <input type="checkbox"/> Works With Children Well | <input type="checkbox"/> Seeks & Applies Feedback | <input type="checkbox"/> Finishes Tasks         |
| <input type="checkbox"/> Energetic & Enthusiastic |   |   |

Please provide your contact info in the event that we might need to speak with you to further assist the applicant's acceptance as a CIT with the YMCA of Frederick County:

Reference Name/Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Please submit completed form to the Y (do not return to Applicant):**

**Mail to: Evan Bates, CIT Coordinator**  
YMCA OF FREDERICK COUNTY  
1000 N Market Street  
Frederick, MD 21701

—  
**OR**  
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**Scan and email to:**  
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\_\_\_\_\_  
\_\_\_\_\_

2. Please describe why you think the applicant would be a good caregiver and role model for children in a recreational setting:

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\_\_\_\_\_  
\_\_\_\_\_

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Reference Name/Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Please submit completed form to the Y (do not return to Applicant):**

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# YMCA OF FREDERICK COUNTY SUMMER DAY CAMP CIT Application

Deadline: March 31; Selection: April 30

CIT Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

CIT Applicant Email: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

## VOLUNTEER EXPERIENCE:

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Please answer the following questions to help us get to know you better:

1. What would you like to get out of the program as a CIT?

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2. How do you think being a CIT is different from being a camper?

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3. Please list any clubs, groups, organizations, jobs, sports, or activities that you participate in:

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(QUESTIONS CONTINUE ON NEXT PAGE)



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# CIT APPLICATION (Page Two)

**Deadline: March 31; Selection: April 30**

4. Please list any experience you have working with children ages 5-10 years old?

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5. Are there any additional personal qualities or skills that you feel qualify you for the role of a CIT?

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**PLEASE NOTE THE FOLLOWING INFORMATION:**

- **There are 2 CIT sessions:**  
Session 1 - Weeks 2-5  
Session 2 - Weeks 6-9
- **Applicants must have attended one YMCA camp within the last three years**
- **Session Fee:**  
\$280 for YMCA Household Members  
\$360 for other participants
- **All applications MUST be accompanied by at least TWO CIT Reference Forms**
- **CIT Program hours: 9am - 4pm, Mon - Fri**
- **Applicants must be 13 years old or entering at least 9th grade in the fall**
- **Application deadline: 3/31**
- **Applicants will be chosen by: 4/30**
- **Return form to Evan Bates, CIT Coordinator**  
Mail/Drop off YMCA OF FREDERICK COUNTY, 1000 N Market Street, Frederick, MD 21701  
Email: ebates@frederickymca.org

I have read and answered the questions on this application honestly and feel that my participation as a CIT will enhance the program for campers, staff, and fellow CIT's.

CIT Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and reviewed all information on this application and understand the level of responsibility taken on by the candidate named in this application.

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



We have a limited number of CIT openings. We accept the strongest candidates who are the most qualified and that demonstrate a desire to learn and grow as both counselors and leaders in our community. Please note that CIT positions do not guarantee a paid-position on staff in following years.