



**Town Of Bethany**  
Town Hall-40 Peck Rd  
Bethany, CT 06524  
Tel. (203) 393-2100 ext. 1127  
Fax: (202) 393-0821

## **2026 Summer Camp Counselor-in-Training Application (Must have completed 8<sup>th</sup> grade)**

**C.I.T Application Deadline: Friday, May 23<sup>rd</sup>**

**The Counselor Training program provides training and support for youth who wish to become camp counselors and future leaders. Youth in this program will be trained and given ongoing evaluation and supervision. CITs will develop relationships with campers and other staff as they learn to mentor campers, participate in camp activities, and assist other staff in the supervision of camp events. Our CITs will join our staff team in bringing enthusiasm and fun to the day-to-day while remaining responsible and mature in their roles.**

**Applicant's Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Grade in Fall:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_

**Parents Phone Number:** \_\_\_\_\_





**Town Of Bethany**

Town Hall-40 Peck Rd  
Bethany, CT 06524  
Tel. (203) 393-2100 ext. 1127  
Fax: (202) 393-0821

**Personal Reference Form**

To be completed by an adult (**not a relative**) who has known the applicant for one year or more.

Applicant's Name: \_\_\_\_\_

How long have you known the applicant, and in what capacity is your relationship?

Do you think the applicant would be a good caregiver for children? Why?

Do you find the applicant to be dependable, trustworthy, and honest?

Do you think the applicant is a positive role model for children?

Do you feel the applicant uses mature judgment?

Is there anything else you would like us to know about the applicant?

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

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

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

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

