



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

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

**2026 Summer Camp**  
**JUNIOR Counselor-in-Training Application**  
**(Must have completed 7<sup>th</sup> Grade to participate)**

The purpose of the Junior Counselor-in-Training Program is to provide training and support for youth who wish to become Counselors-in-Training. Youth in this program will be trained and given ongoing evaluation and supervision. They have an opportunity to contribute back to Bethany Parks & Rec Summer Camp by giving direct service to younger members. The Parks and Recreation Department may also want to consider other qualifications, such as physical health, stamina and camping experience. Other, less objective considerations might be social and emotional maturity, leadership potential, appreciation of the outdoors and motivation or commitment to be a Junior Counselor.

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

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

Phone \_\_\_\_\_ Grade in Fall: \_\_\_\_\_  
Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CAMP DATES: June 22nd to August 14th**

**Regular Camp Hours 8:30 a.m.-3:30 p.m. Fee: \$175 per week**

(Before or after camp Fee: \$40 per week)

**Weeks Available :** \_\_\_\_\_ **Total Weeks:** \_\_\_\_\_

**Please answer the following questions completely and carefully.**

1. List the characteristics you feel an exceptional JR Counselor-in-Training should have.

\_\_\_\_\_

2. Why would you like to be in the JCIT program?

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\_\_\_\_\_

3. What experiences have you had that would help you to be an exceptional JCIT?

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4. Is there anything else you would like us to know about you? Special talents?

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### 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?

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

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

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

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Do you feel the applicant uses mature judgment?

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

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

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

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

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

**Once the Junior Counselor participant is accepted into the program, please go to myrec to register and make a payment.**

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Town Hall-40 Peck Rd  
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