



EnviroVentures Summer Camp

Counselor in Training (CIT) Application

Participant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Grade (Fall 2020): _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone (home/cell): _____

Current School: _____

Extracurricular Activities: _____

If you have had any First Aid courses please list them: _____

Please check any that apply to you:

_____ I attended EnviroVentures Camp as a Camper. How many years? _____

_____ I attended EnviroVentures Camp as a CIT. How many years? _____

_____ I was a CIT at a different camp. How many years? _____

_____ I have some experience working with children (includes babysitting, younger siblings etc.)

If you have volunteer or work history you wish to include please fill in the table below (attach additional sheet if necessary):

Dates of Work	Organization	Contact Information	Description of Work
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Please check the camp sessions you wish to be considered for (we ask that CIT applicants commit to at least 2 camp sessions):

June 1-5_____ June 8-12_____ June 15-19_____ June 22-26_____

July 6-10_____ July 13-17_____ July 20-24_____ July 27-31_____

Please answer the following questions on a separate sheet of paper.

1. Describe any pertinent experience at camp, or elsewhere that you feel would benefit this program.
2. Describe your interests and hobbies, and/or activities that you enjoy (especially those that may enhance a camper's experience)
3. As a summer camp CIT you will not only be assisting EnviroVentures Camp staff and gaining experience, you will be learning. Please describe what you hope to gain through participation in this program and why you think you would be a good choice for the CIT program.
4. Describe your favorite teacher and explain why they have been your favorite teacher.
5. What is your favorite animal? Why?

The information that I have provided is truthful and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Return this completed form to:
Piedmont Park Conservancy
Director of Programs: Louise Harris
P.O. Box 7795
Atlanta, GA 30357
lharris@piedmontpark.org

The final page of this application is a teacher reference form that should be completed by a teacher who is currently teaching you or has taught you recently. Please give your reference plenty of time to complete the form. Your application will not be considered until your reference has been received.



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Counselor in Training Application

Teacher Recommendation

Name of Applicant: _____

The applicant listed above is applying to the Piedmont Park Conservancy's Counselor in Training program. Selected applicants will work with campers ages 5-10 in an environmental education based day camp. We appreciate your candid responses which will be kept confidential. Completed recommendations can be returned to Louise Harris, Director of Programs, via email lharris@piedmontpark.org or via mail P.O Box 7795 Atlanta, GA 30357.

Name of Reference: _____

School: _____

Grades Taught: _____ Subjects Taught: _____

Email: _____ Phone Number: _____

In what capacity and for how long have you known this applicant?

Please comment on the applicant's ability to assume a leadership role with his/her peers and younger campers

Would you recommend this applicant for the Piedmont Park Conservancy's Counselor in Training program? Please explain your response.

Please evaluate the applicant in the following areas:

	Outstanding	Excellent	Good	Fair	Below Average	Unknown
Leadership						
Common Sense						
Dependability						
Creativity						
Self-motivation						
Maturity						
Ability to work independently						
Relationship with others						
Acceptance of supervision						
Cooperation						
Regard for rules						
Compassion						
Ability to follow directions						
Flexibility						
Problem Solving Skills						
Interest in the Environment						

Reference Signature: _____

Date: _____

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