

2024 Camp Old Indian Counselor in Training Application

The Camp Old Indian counselor in training program is an exciting opportunity for Scouts to serve alongside the summer camp staff in every capacity. This 1-2 week program is geared towards helping one get a taste of what being a counselor at Camp Old Indian is all about. Counselors in training who go above and beyond will not only get the most out of their time at camp, but they will also increase their chances of working on staff in the future. This program includes room, board, and an experience of a lifetime at no cost to the Counselor in Training.

Applicant's Name _____ (_____) _____
First (Middle Initial) Last Name

Permanent Address _____ **City** _____ **State** _____ **Zip** _____

Email _____ **Phone** (_____) _____ (Cell Y/N)

Date of birth _____
(Must be at least 14 years of age, and under the age of 18 for the duration of their CIT session)

Parent/Guardian _____ **Relation to Applicant** _____

Email _____ **Phone** (_____) _____ (Cell Y/N)

Emergency Contact _____ **Relation to Applicant** _____

Phone (_____) _____ (Cell Y/N)

Scouting History List Awards Or Certifications Troop/Post/Crew Number _____
_____ **Highest Rank** _____
_____ **Offices Held** _____

Camp Participation History

Camp Name _____ Year(S) _____ Camp Name _____ Year(S) _____
Camp Name _____ Year(S) _____ Camp Name _____ Year(S) _____

Education

Name Of High School _____ Favorite Subject _____

Club, Sports Team, Other Leadership Roles

Organization _____ Position _____ Date _____ Currently Serving
(Y/N) Organization _____ Position _____ Date _____ Currently
Serving (Y/N) Organization _____ Position _____ Date _____
Currently Serving (Y/N) Organization _____ Position _____
Date _____ Currently Serving (Y/N)

Interest (Circle/highlight the three departments that you are most excited to work in):

Aquatics / Scoutcraft / Handicraft / Ecology / STEM / Civil Development / Shooting Sports / Pathfinder/Trade Skills

Which week(s) are you willing to commit to. CITs must return home on Saturday if weeks are consecutive. (Circle up to two weeks):

1. June 16th-June 22nd 2. June 23rd-June 29th 3. July 7th-July 13th 4. July 14th-July 20th

Why would you like to be a counselor in training?

Why should you be chosen to serve as a counselor in training?

Did someone you know suggest that you be a CIT this summer (yes/no) If so, who _____

References (Coach, Teacher, Scoutmaster, Leader, Youth Minister, Employer, etc.):

Name and Title _____ Organization _____
Address _____ Day Phone _____
Name and Title _____ Organization _____
Address _____ Day Phone _____
Name and Title _____ Organization _____
Address _____ Day Phone _____

Next Steps

- 1) Ask a non-family member to write a letter of recommendation and staple it to the back of this application (optional)
- 2) Submit your application, letter of recommendation, and current BSA medical form via mail or email to the Camp Director at:
Mail: Camp Director JD Whitt, 1 Park Plaza, Greenville, SC, 29607
Email: James.whitt@Scouting.org
- 3) You will be contacted shortly after your application is received regarding how to proceed

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE *I agree to live by the Scout Oath and Law and I subscribe to the BSA Declaration of Religious Principle. I am or will become a registered member of the Boy Scouts of America.*

Applicant's Signature _____ Date _____
Parent/Guardian's Signature _____ Date _____