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**YMCA CAMP LAKEWOOD**  
13528 State Highway AA, Potosi, MO 63664  
**Phone:** 573-438-2155  
**Fax:** 573-438-3913  
www.camplakewood.org

# 2019 CIT APPLICATION

**YMCA CAMP LAKEWOOD**

**Deadline: April 5, 2019**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Sex (check one):  M  F I have attended Camp Lakewood for \_\_\_\_\_ years.

School attending in 2018-2019 \_\_\_\_\_

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

## PARENT/GUARDIAN INFORMATION

1st Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

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

2nd Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

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

With whom does this child reside: \_\_\_\_\_

## SESSION DATES

*CIT is a 4-week program. Select one of the choices below.*

June 2 - 29 (Camp sessions 1-4)  July 7 - August 3 (Camp sessions 6-9)  Either option

## ESSAY

Please type an essay expressing why you want to be a CIT, and why we should choose you. In your essay, make sure to answer the following questions in detail **using correct grammar, punctuation, etc.**:

- **Why do you want to be a CIT?**
- **What do you think it requires to be a CIT?**
- **What qualities do you have that would make you an asset to the CIT program?**
- **What talents, special interests or skills do you have to offer camp?** (Activity instruction, artistic or musical talents, etc.)
- **What skills do you hope to gain from our CIT program?**
- **Describe a time when you worked as part of a group/team and describe your role in that group/team.**
- **What will you find challenging as a CIT, and how will you handle those challenges?**

## REFERENCES

Give out the attached Reference Form to two professional and one social contact. Employers, teachers, coaches, etc. are acceptable as professional references; and a parent, grandparent, aunt, uncle, longtime family friend are acceptable as your social contact. **Your references must mail, e-mail or fax their form directly to camp.** We **CANNOT** complete the interview process until **ALL** references have been turned in, as well as your essay and application.

## UNDERAGE RELEASE FORM

*(To be completed by a Parent or Guardian)*

My child \_\_\_\_\_ (name) who is under 18 until \_\_\_\_\_ (date of birth) and under the guardianship of the Program Director while at camp, has my permission to:

*(Check one)*

- Leave Camp with the CIT counselors to go to town
- Can only leave camp with me

*(Check one)*

- Without contacting me before they leave camp
- Must contact me before they leave camp
- Must contact me before they leave camp and I want to talk to the Program Director

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, *(applicant's name)* \_\_\_\_\_, attest that the information provided in this application is accurate to the best of my knowledge and I have not willfully left out any information which could affect a decision to accept me. I want to be a part of the CIT program for no other reason(s) than described above. If accepted to the program, I will perform the duties assigned to me willingly, cheerfully and to the best of my ability, to protect and enhance the good reputation of YMCA Camp Lakewood and the Gateway Region YMCA.

Please return this completed form **with essay** (deadline: April 5, 2019) to:

**By Mail**  
YMCA Camp Lakewood  
Attn: Michelle Bomalaski  
13528 State Highway AA

**By Fax**  
Attn: Michelle Bomalaski  
573-438-3913

**By E-Mail**  
michelle.bomalaski@gwrymca.org

**For questions please call 573-438-2155**