

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Pd/Check # \_\_\_\_\_

Health Form: \_\_\_\_\_

**4-H Camp Counselor-in-Training Program Application  
(No Faxed Applications Accepted)/No Refunds**

**All applications due by: May 15, 2009 (Space is Limited)**

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

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

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**The following information is for record keeping purposes only.**

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed in School: \_\_\_\_\_

Sex: Female Male Race: \_\_\_\_\_

Are you a 4-H'er? \_\_\_Yes \_\_\_No If Yes, Club Name: \_\_\_\_\_

Circle Where You Live Farm Rural Town Suburb City

- I authorize the University of Delaware to record and photograph my image and/or voice for use in research, educational & promotional programs.

(Please Circle One)

Youth T-shirt Size: **Medium** **Large**  
Adult T-shirt Size: **Small** **Medium** **Large** **X-Large**

Leadership Positions Previously Held:

4-H Club: \_\_\_\_\_

School/Church/Other: \_\_\_\_\_

Other Extracurricular Activities: \_\_\_\_\_

Briefly describe why you wish to be a counselor in training: \_\_\_\_\_

List 4-H Camps attended as a camper: \_\_\_\_\_

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**Details:**

The CIT Program will be held June 22 – June 26, 2009, from 8:30am – 4:30pm at Townsend Hall in Newark. Curriculum and activity description will follow upon acceptance.

Cost of the CIT program will be \$135.00 for the week (non-refundable). This fee includes CPR & First Aid Certification. All CIT applicants must be age 13 years old by June 1, 2009, to be considered.

All Counselors with the New Castle County Day camp Program are required to complete the CIT program; however, completion of the CIT program does not guarantee future counselor positions with the New Castle County 4-H Day Camp Program.

Parents are to understand that their child is applying for the Counselor in Training (CIT) program and that this commitment is for a 40-hour training. Failure to complete the entire program will result in an incomplete on the certificate issued.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return to the University of Delaware**

**CIT Program**

**New Castle County 4-H Office, 461 Wyoming Rd., Room 131**

**Newark, DE 19716-1303**

**Phone: (302) 831-8965**

**E-mail: [traceyamcc@aol.com](mailto:traceyamcc@aol.com)**

**Make checks payable to the University of Delaware**