

# Camp Maud Isbell Berger

Winchester Center, Connecticut  
Owned & Operated by the Connecticut State Grange

## COUNSELOR-IN-TRAINING APPLICATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Birthday \_\_\_\_\_ Age (as of July 1st) \_\_\_\_\_ Grade \_\_\_\_\_

List any work experience you have had: \_\_\_\_\_

\_\_\_\_\_

List your camp experience: \_\_\_\_\_

\_\_\_\_\_

List any clubs or teams of which you are a member: \_\_\_\_\_

\_\_\_\_\_

Describe your talents and hobbies: \_\_\_\_\_

\_\_\_\_\_

List any musical instruments you play: \_\_\_\_\_

\_\_\_\_\_

Write a short paragraph on why you are interested in Camp Berger's C.I.T. program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check if you have current certification:

C.P.R. \_\_\_\_\_ First Aid \_\_\_\_\_ Boating \_\_\_\_\_ Sailing \_\_\_\_\_ Lifeguarding \_\_\_\_\_

How do you classify your swimming ability?

Poor \_\_\_\_\_ Average \_\_\_\_\_ Excellent \_\_\_\_\_

Please return completed form to:

**Dorian Lockett (Director), 134 Wahnee Road, P.O. Box 181, Winchester Center, CT 06094**

Phone (203) 527-7156; Fax/Phone (860) 379-3558.