

COUNSELOR-IN-TRAINING APPLICATION
2009
Lost Lake Scout Reservation

NAME: _____ PHONE: _____

AGE: _____ (Must be 14 by June 1, 2009) TROOP: _____ RANK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE GIVE DETAILS OF ANY PREVIOUS CAMP EXPERIENCES AS A CAMPER OR STAFF MEMBER: (Include Cub Camps, Private Camps, Jamborees, etc.,)

WHICH WEEKS OF CAMP WOULD YOU LIKE TO WORK AS A COUNSELOR-IN-TRAINING?

_____ June 21-27

_____ July 19 - 25

_____ June 28 – July 4

_____ July 26 – August 1

_____ July 5 – 11

_____ August 2 - 8

_____ July 12– 18

(Select no more than two weeks)

PLEASE INDICATE THE AREAS IN CAMP THAT YOU WOULD BE MOST INTERESTED IN WORKING. GIVE A 1ST, 2ND, 3RD AND 4TH CHOICE.

_____ Waterfront

_____ Boating

_____ Handicraft

_____ Archery

_____ Pathfinders

_____ Trading Post

_____ Rifle

_____ Ecology / Conservation

_____ Climbing Tower

_____ Shotgun

_____ COPE

_____ Scoutcraft

LIST THE MERIT BADGES YOU HAVE EARNED:

ARE YOU AN ORDER OF THE ARROW MEMBER? _____ Yes _____ No

WHY DO YOU WANT TO WORK AT LOST LAKE THIS SUMMER?

WHY DO YOU FEEL THAT YOU WOULD BE A GOOD STAFF MEMBER?

GIVE THE NAMES, RELATIONSHIP TO YOU AND PHONE NUMBERS OF TWO REFERENCES WHO ARE NOT RELATIVES:

Applicant, please sign below to indicate that what you have written on this application is true.

Applicants Signature: _____ **Date:** _____

Parent / Guardian, please sign below to indicate that you have looked at this application and accompanying information and that you give permission for the above signed applicant to serve as a Counselor-In-Training for the 2009 summer camp.

Parent / Guardian Signature: _____ **Date:** _____

Scoutmaster, please sign below to indicate that you recommend this Scout as a Counselor-In-Training for summer camp at Lost Lake.

Camp Director Signature: _____ **Date:** _____