



2016 Echo Lake Counselor In Training (CIT) Supplemental Questionnaire

Counselor In Training (CIT) Information

Name: _____ Date: _____ Session #: _____

Every CIT will have an opportunity to see all areas of camp operations during their week long experience. Please check the box(es) of areas of camp that you are most interested in learning about:

- | | | |
|---|--|---|
| <input type="checkbox"/> Cabin Counselor | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Kitchen/Dining Hall | <input type="checkbox"/> Medical Staff-Nurse/EMT | <input type="checkbox"/> Camp Leader / Supervisor |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Nature Center | |
| <input type="checkbox"/> Kiddie Kamp/Child Care | <input type="checkbox"/> Office/Store | |

Tell us About Yourself

How did you hear about the City of Berkeley's Counselor In Training Programs? _____

Please describe why you are interested in participating in the CIT Program at Echo Lake Camp:

CAMP EXPERIENCE

Have you ever been a counselor-in-training, volunteer, camper or staff member at a camp? Yes No

What experiences have you had in school, at home, at camp, or elsewhere that have prepared you to be a CIT?

What skills or personal attributes do you possess that will help you during your Counselor In Training experience?
