



SUMMER CAMP COUNSELOR-IN-TRAINING APPLICATION

Submit, mail, fax (413-562-1041) or email (greg.williams@scouting.org) to the Council Office

Western Massachusetts Council, ATTN: Summer Camp, 1 Arch Road - Suite 5, Westfield, Massachusetts 01085

Applicants are not required to give any information prohibited by Federal, State or Local Law. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Applicants are accepted for employment on a trial basis with a probationary period and if, in our judgment, it is found during this period that the employee is not adapted to the work assigned, or that information has been misrepresented, the employment may be terminated without reason. In connection with this application, an investigation may be made requesting information as to your character and general reputation. Information as to the nature and scope of any investigation requested will be furnished to you upon written request.

Scouts aged 14–17 during the entire week of camp are invited to apply for this program.

Yes No Will you be 14–17 years of age during the entire date range you are applying for?

Name: _____

Address: _____

Phone: _____ E-mail: _____

You must be, or willing to be, registered with the Boy Scouts of America.

Unit Type & #: _____ Town _____ District _____

Rank: _____ Unit Leader First & Last Name: _____

I would like to serve as a Counselor-In-Training (CIT) for the following week(s):

___ Week 1, July 2 to July 8 ___ Week 2, July 9 to July 15 ___ Week 3, July 16 to July 22

___ Week 4, July 23 to July 29 ___ Week 5, July 30 to August 5

This will be my _____ year at a Scout summer camp.

Unit Leader Approval

Approval from your unit leader is required in the signature area below. Applications will not be considered without this signature.

BSA Annual Health and Medical Record (AHMR)

Parts A, B, and C of the BSA Annual Health and Medical Record, with health insurance card attachments, are required to be submitted in advance of camp, preferably with this application. AHMR cannot be accepted as an email attachment, per BSA guidelines.

Payment

\$200 per week payable to Western Massachusetts Council, BSA. Once notified of acceptance, CITs must register and pay for each week via a unit or individual Tentaroo Account at wmascouting.org/SummerCamps.

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME _____ SIGNATURE _____ DATE _____

I approve the above Scout for a summer camp counselor-in-training (CIT) position with the Western Mass Council, Boy Scouts of America and allow the camp administration to register them for merit badges during their stay.

UNIT LEADER NAME _____ SIGNATURE _____ DATE _____