Geneva Park District
710 Western Ave.
Geneva, IL 60134
(630) 232-4542
Fax: (630) 232-4569

Counselor in Training Program Application

Name:_____ **Phone:**_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Date of Birth: _____/_____/_____ **Circle One: Male Female** **Grade in Fall 2011:**_____
Month Day Year

Parents' Names:_____

Parents' Business/Cell Phone:_____

Do you have any Siblings in the camp program? _____ **Yes** _____ **No** **What Camp?**_____

Why do you want to participate in the Counselor in Training Program?_____

List some hobbies or interests and how they might be helpful in this program?_____

What experiences have you had working with children?_____

What skills do you have that might be useful for this type of program?_____

What do you hope to gain from participating in this program? Try to be specific with your goals. _____

Please list 3 references, not related to you, but know you well such as teachers, coaches, activity leaders, etc.

Name	**Relationship**	**Phone**	**Email**
1.			
2.			
3.			

Applicant Signature:_____ **Date:**_____
Parent's Signature:_____ **Date:**_____

Interviews will be scheduled the 1st 2 weeks of May. If chosen for the program, you must be able to attend the training dates on June 9th and 10th. There are a limited number of spots for the program, so not all applicants will be chosen to interview or to participate in the program. This program focuses on the development of leadership skills.