

CIT Information Sheet

Dear Applicant,

Thank you so much volunteering. Camp is a great opportunity! A CIT is a counselor in training or a junior staff member. It is the job of a CIT to assist the high school and college staff with the camp activities. There is no cost for being a CIT other than a staff shirt that you keep (\$5). By submitting this application form and \$5, you are reserving your spot as a CIT.

Information

The hours of camp are from 9am-3pm. Camp staff is needed from 8am-3:15pm, Monday-Friday. We have a daily staff meeting from 8am-8:30am. Registration begins at 8:30am. There will be mandatory training sessions at the end of May (dates and times to be announced). Please notify us if you cannot attend.

As much as being on camp staff is a summer job, we hope it is a spiritual encouragement. We will be studying Scripture this summer. Please bring your Bible. If you do not own a Bible, please contact us and we will supply one for you. If you have questions, please contact Pastor Jeff at jschrank@cclphoenix.org or Suzanne Olmos at solmos@cclphoenix.org.

Please keep this Information Sheet for your own benefit. Turn the application into the church office by May 1, 2017.

2017 Summer Camp Schedule

Wild West Camp	May 30-June 2
Safari Camp	June 5-9
Treasure Camp	June 12-16
Exploration Camp	June 19-23
Aloha Camp	June 26-30
Sky Camp	July 3-7
Under the Sea Camp	July 10-14
AZ Adventure Camp	July 17-21
Christmas Camp	July 24-28

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CIT Application Form

(ONLY ONE APPLICANT PER FORM)

_____ Male _____ Female _____
Name

_____ Fall 2017 Grade _____ School Attending _____ Date of Birth _____

_____ Parents' Names _____ Home Phone _____

_____ Address _____ City _____ State _____ Zip _____

_____ Cell Phone _____ Email Address _____

_____ Emergency Contact Name and Phone Number _____

_____ Doctor's Name and Phone Number _____

Please list any medical or special concerns:

MEDICAL RELEASE (If Under 18)

If emergency treatment is required for my child and a parent or legal guardian cannot be reached, I hereby authorize treatment for my child, should the attending physician deem it necessary.

_____ Parent/Guardian Signature _____ Date _____

Areas of interest (Check all that apply):

Assisting counselors with campers--(which age category?) _____

Assisting with sports/recreation _____ Cleaning _____ Kitchen/Snack _____

There is another CIT I would like to be paired with ____ If so, who? _____

Please check all of the weeks that you are interested in working:

_____ Wild West Camp, May 30-June 2

_____ Sky Camp, July 3-7

_____ Safari Camp, June 5-9

_____ Under the Sea Camp, July 10-14

_____ Treasure Camp, June 12-16

_____ AZ Adventure Camp, July 17-21

_____ Exploration Camp, June 19-23

_____ Christmas Camp, July 24-28

_____ Aloha Camp, Jun. 26-30

Please use the calendars below to fill in the dates that you are available to work.

June 2017

Monday	Tuesday	Wednesday	Thursday	Friday
May 29 NO CAMP	May 30	31	1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

July 2017

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

Parent/Guardian Signature

Date

Please return this form to the church office by 5/1/17.