



YMCA Camp Bernie

327 TURKEY TOP RD. PORT MURRAY, NJ 07865 · Phone (908) 832-5315 · Fax (908) 832-9078
www.campbernieymca.org

2024 Counselor in Training (C.I.T.) Program

Overnight Camp

Session AB: June 23 – July 5 & July 7 - July 19

Rate: \$2750

Session CD: July 23 – August 4 & August 6 - 18

Applicant must:

- be entering 11th grade in the fall of 2024.
- Submit a completed application, including essays and 3 reference forms.

Qualifications:

- Desire and ability to work with children outdoors.
- Ability to relate to peers.
- Ability to accept supervision and guidance.
- Ability to assist counselors in various activities.
- Good character, integrity, and adaptability.
- Enthusiasm, sense of humor, patience, and self-control.
- Ability to abide by the philosophies, goals, objectives, personnel policies, rules and regulations as stated by YMCA Camp Bernie.

Camp Bernie's CIT program is an advanced training program for rising 11th graders interested in becoming summer camp counselors in the future. Participants will develop communication and leadership skills through team-building exercises, hands-on training with counselors, and experiences with camper groups and activities.

CITs will be given the opportunity to become certified American Red Cross Lifeguards, attend counselor training sessions, venture out on an off-site service project trip, and shadow counselors in cabins and program staff at activity areas. CITs will also lead all of camp during our "CIT Sundays", running an activity they design themselves.

CITs have the opportunity to come home for the middle weekend of their four-week session, or they can register for our Holdover Weekend and enjoy a special trips and more time with camp friends.

Enrollment is limited.

Applications will be considered on a first-come, first-served basis.

Youth Leadership Development Weekend will be held for applicants at camp in the spring. Attendance is encouraged, but not required. Fee \$50.

Questions? Please email Louis Jester: ljester@campbernieymca.org

**Applications can be submitted any time between
now and June 1, 2024.**

***This program has been waitlisted in previous years,
so don't wait to apply!***



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Counselor in Training (C.I.T.) Application

_____ any available

_____ Sessions A&B
June 23 - July 5
& July 7 - July 19

_____ Sessions C&D
July 21 - August 2
& August 4 - 16

First Name _____ Last Name _____

Phone _____ E-mail _____

Birthday _____ Age (as of beginning of session chosen) _____ Grade (current) _____

Address _____ City _____ State ____ Zip _____

Parent / Guardian
Name _____

Parent/ Guardian Address (if different than
above) _____

Camp Experience:

Please list any camps you attended as a camper:

<u>Name of Camp</u>	<u>Years Attended</u>	<u>City, State</u>
_____	_____	_____
_____	_____	_____

Have you ever participated in a CIT or Leadership Program?

<u>Name of Camp</u>	<u>Years Attended</u>	<u>City, State</u>
_____	_____	_____

Please briefly describe the program:

Please note: This is NOT a registration form

You may register for the CIT Program on our website at campbernienymca.org

School Experience:

High School

Years Attended

City, State

Please list any extra-curricular activities, awards, or offices held:

Work/Volunteer Experience:

Business/Organization

Address

Dates

Responsibilities

Business/Organization

Address

Dates

Responsibilities

Skills/Certifications: (Including Lifeguard, First Aid, CPR, etc. Please list expiration dates & Certifying Organization)

Activities: Please write a "1" next to those you have experience in, and a "2" next to those you are interested in.

Arts

- Arts & Crafts
- Dance
- Drama
- Music
- Photography
- Skits / Songs
- Videography

Sports

- Archery
- Biking (BMX)
- Biking (Mountain)
- Field Games
- Horseback Riding
- Minibikes
- Paintball
- Swimming

Wilderness

- Backpacking
- Camping
- Canoeing
- Hiking
- Nature Studies
- Orienteering
- Outdoor Living
- Skills

Teambuilding

- Climbing Tower
- Group Initiatives
- High Ropes
- Low Ropes
- Group Games

Essays: Please answer the following questions on a separate sheet of paper.

1. How do you believe a camp experience impacts children's lives?
2. What contribution do you think you can make at camp?
3. What qualities, in your opinion, make an excellent camp counselor? Which of these qualities do you most embody?

Statement of Purpose for CIT applicant

I certify that all statements made on this application are true to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for the CIT program and may be cause for dismissal from YMCA Camp Bernie.

I certify that I have read the enclosed information and understand that acceptance into the CIT program is by application. If offered a placement, I will conscientiously abide by all camp rules, policies, and conditions of the program. I understand that if offered a position as a CIT, while I will be a camper, my behavior and attitude will be held to the same standards as that of staff. I understand that completion of the CIT program does not guarantee future employment at YMCA Camp Bernie. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily sign this application.

Signature of Applicant _____ Date _____

Statement of Purpose for Parent / Guardian

I certify that I have read the above completed application and that all statements made on this application are true to the best of my knowledge. I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I have read the "Statement of Purpose for CIT applicant" above and approve of all language, information, and privacy waivers listed as they pertain to my child. My child has my full approval to participate in the CIT program, and as a parent/legal guardian, I will support the camps' policies to the fullest.

I certify that I have read the enclosed information and understand that acceptance into the CIT program is by application. I understand that completion of the CIT program does not guarantee employment at YMCA Camp Bernie. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily sign this application.

Signature of Parent/Guardian _____ Date _____



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Counselor in Training (C.I.T.) Reference Form

CIT Applicant: Give a copy of this form to **three references**, along with a stamped envelope addressed to the Summer Camp Director at the Camp Bernie address above.

I _____ am applying for Camp Bernie's Counselor in Training program. Your responses will assist the director in evaluating my abilities. Thank you!

Camp Bernie's CIT program is training program for teenagers interested in becoming a summer camp counselor. It is our goal to select CITs who are dedicated, capable, and will be positive role models for our campers. Please answer the following questions to the best of your knowledge, using additional paper if necessary. Your response will become part of the applicant's confidential file. Thank you for your time and effort in filling out this questionnaire.

- How long have you known the applicant? _____
- What is your relationship to the applicant? _____
- What do you consider to be his/her strengths? _____

- What does he/she need to improve on? _____

- How would you feel about this applicant being a role model for your child? _____

- How would you characterize the applicant in the following areas? (Please circle one).

	Excellent	Good	Average	Fair	Poor	Unable to Judge		Excellent	Good	Average	Fair	Poor	Unable to Judge
Dependability	5	4	3	2	1	0	Leadership	5	4	3	2	1	0
Responsibility	5	4	3	2	1	0	Teamwork	5	4	3	2	1	0
Integrity	5	4	3	2	1	0	Communication	5	4	3	2	1	0
Attitude	5	4	3	2	1	0	Judgment	5	4	3	2	1	0
Cooperation	5	4	3	2	1	0	Motivation	5	4	3	2	1	0

Overall Evaluation:

- I would highly recommend this applicant.
- I would recommend this applicant.
- I would not recommend this applicant.
- I would prefer to discuss this further by phone.

Reference Name	Signature	Date
Organization	Title	Phone Number