



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Camp Bernie

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

2025 Counselor in Training (C.I.T.) Program

Session A-D: June 22 – July 19
Session E-H: July 20 – August 16
Rate: \$3,200

The off-site holdover trip is not included, participants looking to stay between session B & C OR F & G must register for the holdover trip at an additional cost

Applicant must:

- Be entering 11th grade in the fall of 2025.
- 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 C.I.T. program is an advanced training program for rising 11th graders interested in becoming 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.

C.I.T.s will be given the opportunity to participate in a number of skill tracks, participate in service projects and shadow counselors in cabins and program staff at activity areas. C.I.T.s also have the opportunity to first support and then design and lead activities throughout their stay at camp.

C.I.T.s 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 trip and more time with camp friends.

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

For further questions or to submit applications, please email: info@campbernienymca.org



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

___ Session A-D
June 22 – July 19

___ Sessions E-H
July 20 – August 16

First Name _____ Last Name _____

Phone (____) _____ - _____ E-mail _____

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

Address _____ City _____ State _____ Zip _____

Guardian Name (First and Last) _____

Guardian Address (if different than above) _____

Camp Experience:

Please list any camps you attended as a camper:

Name of Camp	Years Attended	City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever participated in a C.I.T. or Leadership Program?

Name of Camp	Years Attended	City, State
_____	_____	_____

Please briefly describe the program:

Please note: This is NOT a registration form
You must register for the C.I.T. Program on our website at campbernieymca.org



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School Information:

High School

Years Attended

City, State

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

Work/Volunteer Experience:

Business/Organization

City, State

Dates

Responsibilities

Business/Organization

City, State

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 (Mtn.)
- ☐ Court Sports
- ☐ Field Games
- ☐ Swimming

Wilderness

- ☐ Camping
- ☐ Canoeing
- ☐ Hiking
- ☐ Nature Studies
- ☐ Orienteering
- ☐ Outdoor Skills

Teambuilding

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



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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 C.I.T. 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 C.I.T. 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 C.I.T. 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 C.I.T., 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 C.I.T. 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 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 C.I.T. 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 C.I.T. 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 C.I.T. program is by application. I understand that completion of the C.I.T. 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 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 "Summer Camp CIT Program" at the Camp Bernie address above.

I _____ am applying for Camp Bernie's Counselor in Training program. Your responses will assist the C.I.T. Unit Leader in evaluating my abilities. Thank you!

Camp Bernie's C.I.T. program is a 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.

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. What do you consider to be their strengths?

4. Please list their areas for growth/opportunity

5. How would you feel about this applicant being a role model for a child?

6. 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