Heart of New England Council, Inc. Scouting America

Treasure Valley Scout Reservation

Application for Counselor in Training (CIT) Program 2025

*This fillable form is for Microsoft Word/ Microsoft 365. It is meant to be filled out using a tablet, laptop, or desktop computer. It is not meant to be used with a smartphone.*

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| NAME: | Click or tap here to enter text. | DATE OF BIRTH: | Click or tap here to enter text. |

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| YOUR AGE AS OF JUNE 29, 2025 | Click or tap here to enter text. |

|  |  |
| --- | --- |
| STREET ADDRESS | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| CITY OR TOWN | Click or tap here to enter text. | STATE | Click or tap here to enter text. | ZIP | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| YOUR PHONE NUMBER | Click or tap here to enter text. | [ ]  CELL [ ]  LANDLINE |

|  |  |
| --- | --- |
| YOUR EMAIL ADDRESS | Click or tap here to enter text. |

|  |  |
| --- | --- |
| PARENT 1 NAME | Click or tap here to enter text. |

|  |  |  |
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| PARENT 1 PHONE NUMBER | Click or tap here to enter text. | [ ]  CELL [ ]  LANDLINE |

|  |  |
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| PARENT 1 EMAIL ADDRESS | Click or tap here to enter text. |

|  |  |
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| PARENT 2 NAME | Click or tap here to enter text. |

|  |  |  |
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| PARENT 2 PHONE NUMBER | Click or tap here to enter text. | [ ]  CELL [ ]  LANDLINE |

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| PARENT 2 EMAIL ADDRESS | Click or tap here to enter text. |

*I am a registered member of Scouting America in good standing with the following unit:*

|  |  |  |  |
| --- | --- | --- | --- |
| TROOP/CREW NUMBER | Click or tap here to enter text. | CITY/TOWN LOCATED | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| RANK | Click or tap here to enter text. | POSITION | Click or tap here to enter text. |

|  |  |
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| TROOP/ CREW LEADER NAME | Click or tap here to enter text. |

|  |  |
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| TROOP/ CREW LEADER PHONE | Click or tap here to enter text. |

|  |  |
| --- | --- |
| TROOP/ CREW LEADER EMAIL | Click or tap here to enter text. |

WHICH WEEKS DO YOU WISH TO ATTEND CIT? 14-year-olds may attend for one week though two are recommended. 15-year-olds are expected to attend for two weeks. The two weeks do not need to be consecutive.

[ ]  JUN 29-JULY 4 [ ]  JULY 6-11 [ ]  JULY 13-18 [ ]  JULY 20-25 [ ]  JULY 27-AUG 1

SCOUT TRAINING AND EXPERIENCES (limit 2 lines)

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| --- |
| Click or tap here to enter text. |

NON-SCOUT TRAINING AND EXPERIENCES (limit 2 lines)

|  |
| --- |
| Click or tap here to enter text. |

AQUATICS STATUS (ABILITY, MERIT BADGES, ETC.) (limit 2 lines)

|  |
| --- |
| Click or tap here to enter text. |

HOBBIES, INTERESTS, SKILLS (limit 2 lines)

|  |
| --- |
| Click or tap here to enter text. |

LIST AREAS OF CAMP YOU FEEL STRONG OR MOST INTERESTED IN (2 lines)

|  |
| --- |
| Click or tap here to enter text. |

LIST ANYTHING YOU WANT TO IMPROVE ON AS A CIT (limit 2 lines)

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| --- |
| Click or tap here to enter text. |

REMINDERS:

* Your application must be submitted no later than Tuesday 7:00 p.m. of the week before your first week in the CIT program.
* You will be notified whether you are accepted as soon as possible after we receive your application.
* If your rank is below First Class, you may be placed on a wait list. If we have more applicants than openings, priority will go to those First Class and above.

BY SUBMITTING THIS APPLICATION, YOU ATTEST TO THE FOLLOWING:

* The information I have provided is complete and correct.
* I have notified or will notify my unit leader of this application.
* I have my parent’s permission to make this application.
* I agree to follow all camp, staff, and CIT rules while in camp.

\*\*\*WHEN COMPLETE, SAVE THIS FORM TO YOUR DEVICE AND EMAIL IT TO ALL THREE OF THE FOLLOWING\*\*\*:

Camp Director Kelly Stickney Kelly.Stickney@scouting.org

CIT Director Mike McQuaid mfm3981@comcast.net

Your parent/ guardian

Ver. 2024-10-21