

# Camp Toccoa

## CIT Application

Thank you for your interest in the second year Counselor-in-training program at Camp Toccoa.

To begin the application process, we ask that the following be completed:

- 1) The C.I.T. Application filled out and returned to our office.
- 2) Have two reference forms filled out, signed, and returned to our office. Choose as references adults (non relatives) who have knowledge of your character and abilities. This form is confidential and should be mailed by your reference directly to our office.

Please Send all items to:

Camp Toccoa

92 Camp Toccoa Drive

Toccoa, GA 30577

or fax to 706-886-5123

When we have received your application, you will be contacted by phone for a brief interview.

We look forward to receiving your application.



## Camp Skills

Use one Check (✓) to indicate skills which you have. Use two checks (✓✓) to indicate those which you have experience teaching or leading.

- |                             |                            |                               |
|-----------------------------|----------------------------|-------------------------------|
| ____ Arts and Crafts        | ____ Fishing               | ____ Outdoor Cooking          |
| ____ Archery                | ____ Games                 | ____ Outdoor Living Skills    |
| ____ Backpacking            | ____ Hiking                | ____ Photography              |
| ____ Canoeing               | ____ Horseback Riding      | ____ Leading Songs            |
| ____ Climbing or Rappelling | ____ Journalism            | ____ Sports                   |
| ____ Creative Writing       | ____ Music                 | ____ Storytelling             |
| ____ Dance                  | ____ Nature Crafts         | ____ Swimming                 |
| ____ Drama                  | ____ Nature Identification | ____ Teambuilding Initiatives |
| ____ Ecology Activities     | ____ Orienteering          |                               |

Please specify any areas which you indicated experience teaching or leading:

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**Please answer the following questions (using a separate sheet if necessary):**

Why do you wish to be a counselor-in-training?

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What do you feel you can contribute to the program?

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### References

Please give names and addresses of two persons (not relatives) to serve as your references.

1) \_\_\_\_\_  
Name Street City State Zip

Capacity in which person has known you \_\_\_\_\_

2) \_\_\_\_\_  
Name Street City State Zip

Capacity in which person has known you \_\_\_\_\_

**Camp Toccoa**  
Counselor in Training Reference Form

Name of Applicant \_\_\_\_\_

Name of Reference \_\_\_\_\_

Please state your assessment of the applicant in the following areas:

|                       | Above<br>Average | Average | Below<br>Average | Don't<br>Know |
|-----------------------|------------------|---------|------------------|---------------|
| Initiative            |                  |         |                  |               |
| Dependability         |                  |         |                  |               |
| Attitude              |                  |         |                  |               |
| Leadership            |                  |         |                  |               |
| Cooperation           |                  |         |                  |               |
| Communication         |                  |         |                  |               |
| Flexibility           |                  |         |                  |               |
| Taking Direction      |                  |         |                  |               |
| Enthusiasm            |                  |         |                  |               |
| Working with Peers    |                  |         |                  |               |
| Working with Children |                  |         |                  |               |

How long and in what capacity have you known the applicant?

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Additional Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date