



## Camp Wilmot, Inc.

### Returning CIT Application Form 2008

5 Whites Pond Road, Wilmot, NH 03287 Phone: (603) 768-3350

Today's Date	
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Name	
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S.S.#	
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Address	
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Date of Birth (if under 18)	
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Telephone/Cell	
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Email Address	
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Church Member of (name and address)	
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T-shirt Size	
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<b>Camp Experience:</b> <small>Camp Name &amp; Location/ Dates Attended /Camper/C.I.T./ Employee / Volunteer</small>

**Please select which week(s) you are interested in/ available to work at:**

- 6/29 – 7/5 Family Camp, Session #1
- 7/6 – 7/12 Junior Camp, Session #1 (grades 3-5 and 6-8)\*
- 7/13 – 7/19 Junior Camp, Session #2 (grades 3-5 and 6-8)\*
- 7/13 – 7/19 Adventure Camp, Session #1 (grades 6-8 and 9-12)\*
- 7/18 – 7/26 Advanced Adventure Trip (grades 8-12)\*
- 7/27 – 8/2 Family Camp, Session #2
- 8/3 – 8/9 Challengers Camp

**Certification or Special Skills: Please include details of any First Aid, CPR or EMT certification.**

**Please list the activities that you would be comfortable leading or helping with in order of preference.**

**Please answer the following questions as fully as you can.**

**1. Describe your Christian faith and the impact that it has on your life.**

2. What have you learned from working as part of a team and working with children at camp?

3. Describe a situation where you were challenged last summer and how you dealt with it.

4. Please explain why you want to return as a CIT this summer and what your strengths & weaknesses were last year.

Have you ever been convicted of an infraction or crime other than a minor traffic violation, or have you been found liable for having committed sexual misconduct, sexual abuse, or other offence of a sexual nature (Circle one):

YES      NO

If answered YES to above, please explain on a separate page.

**References:** Please provide all information for these 3 references, who should not be related to you and should be knowledgeable about your experiences, abilities and character. By signing below, you give permission for these references to be contacted.

<b>1. Pastor/ or Elder</b>
Name Address Phone Email
<b>2. Friend or Peer</b>
Name Address Phone Email

I hereby promise that by signing my name all information provided is true to the best of my knowledge and I hereby give permission for the references listed to be contacted by Camp Wilmot, Inc..

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(Signature and Date)

**Signature and info of Parent or Guardian** (if under 18)

Signature Name Address Phone Email

Return completed application to:  
Camp Wilmot c/o Shannon Croteau, Program Coordinator  
PO Box 675, East Hampstead, NH 03826  
Email: [campwilmot@gmail.com](mailto:campwilmot@gmail.com), (603) 329-4585