

2019 Counselor in Training Interest Form

Please complete this form and return by mail to CIT Program Coordinator, P.O. Box 707, Kennebunk, ME 04043 or send it electronically to CPC@kbia.net. If you send it electronically, please also mail a copy.

The Counselor in Training Program is open to KBIA campers 13 to 14 years of age, or campers 13 by the end of the summer who have completed 7th grade. **In addition to completing this form, you must also register for CIT sessions through the class registration process. Registration opens April 1, 2019.** CITs must enroll in at least two consecutive weeks, but we encourage CITs to take as many weeks as possible. CIT service hours are assigned based upon the needs of KBIA, and CITs should expect 12 or more service hours per week. KBIA will make every attempt to coordinate individual CIT's service hours so they do not conflict with the CIT's enrichment classes.

Full Name:	Nickname:	Age as of 6/15/19:
	School attended in 2018-2019: CIT program at KBIA last summer.	Grade:
WINTER CONTACT		
Mailing address:	City:	State: Zip:
Home Phone:	Cell: Parent Cell:	
Email:	Parent Email:	
SUMMER CONTACT		
Mailing address:	City:	State: Zip:
Home Phone: Email:	Cell: Parent Cell: Parent Cell:	
Please identify the weeks for wl	hich you are registering:	
 Week 1 (June 24-28) Week 2 (July 1-5) Week 3 (July 8-12) 	Week 5 (July 22-26)	Week 7 (Aug. 5-9) Week 8 (Aug. 12-16)
1 /	es or programs you wish to serve.	
	s are assigned upon the needs of KBIA. CITs should expec	-
e	ve will make every attempt to match CIT's assignment wit ams is available at www.kbia.net.	in his or her interests and skills.

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Below, please briefly describe your past experiences as a KBIA camper. Please include the classes you have taken, describe what you may have learned from those classes, and note any KBIA classes or experiences that have been especially important to you.

Below, explain why you would like to become a Counselor in Training (CIT) at KBIA. Name two goals you hope to achieve this summer through your participation in the CIT program.

PLEASE NOTE: All CITs must be covered under a family membership; class fee is \$115/week for the first four weeks of participation. After four weeks, CITs may choose to enroll in additional weeks at no charge.

By signing below, you are indicating that you have read and understand all of the application requirements.

Signature of Applicant:	Date:

Signature of Parent/Guardian:	 Date:	

Contact Number / E-mail: