

**MUSKINGUM VALLEY SCOUT RESERVATION
APPLICATION FOR COUNSELOR-IN-TRAINING (CIT) PROGRAM**

Requirements: Be a Scout Age 14 and at least 1st Class prior to the start of summer camp, or be a Venturer with equivalent rank.

Procedure:

- 1) Complete application with parent's signature and Scoutmaster/Advisor recommendation.
- 2) Attach a recent photo of yourself.
- 3) Return the form with your registration fee by mail or email at the address listed below.
- 2) You will be notified of acceptance and given additional information prior to camp.
- 3) FEE: \$60.00 per youth
(Receive a 50% discount and pay only \$30.00 if you submit your application by May 15, 2015.)

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Please complete this form accurately and clearly.

NAME:

Address:

City: _____ State: _____ Zip: _____

Phone: () _____ Age: _____ Date of Birth: _____

Troop/Crew #: _____ District: _____ Council: _____

Rank: _____ Position in troop/crew at this time: _____

Previous service to troop/crew:

List awards, special activities achieved in scouting:

School attending: _____ Grade average: _____

School activities:

Community involvement:

Hobbies/skills:

List any training you have completed, where and when done:

Why would you like to become a CIT?

What do you expect to gain from the CIT training?

Also, please remember, **as a CIT you will be expected to:**

- 1) Set a good scouting example to campers
- 2) Abide by the scout oath and law and camp rules
- 3) To take direction from Camp Director, CIT director and other staff members with whom you will work
- 4) Watch your attitude, behavior and willingness to do tasks – these all reflect your success at completing the program and being recommended to others in the future.

Sign this form, together with your parent's and scoutmaster and submit it to the Muskingum Valley Council Scout service Center:

Applicant's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

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I recommend this Scout to serve as a Counselor-in-training at the Muskingum Valley Scout Reservation. I approve his application.

Scoutmaster/Advisor Signature: _____ **Date:** _____

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**Mail: Muskingum Valley Council
734 Moorehead Ave.
Zanesville, Ohio 43701**

Email: www.muskingumvalleycouncil.org