



# 2024 Counselor In Training (CIT) Application

Applicants for the Counselor In Training program should be at least 14 years of age and have completed the 8th grade by the start of camp. Please complete this application, obtain the required signatures of your parent/guardian and unit leader, and return the completed form to the Last Frontier Council office by May 1, 2024.

Mail to:

Last Frontier Council  
3031 NW 64<sup>th</sup> Street  
Oklahoma City, OK 73116-3527  
405-840-1114

Or e-mail to:

Kathy Zabloudil, Camping Registrar  
kathy.zabloudil@scouting.org

## Personal Information

Full Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

## Scouting Background

Current Unit # \_\_\_\_\_ Current position in unit \_\_\_\_\_

OA member (circle applicable):  Not a member  Ordeal  Brotherhood  Vigil

Rank obtained as Scout \_\_\_\_\_ # of Merit Badges \_\_\_\_\_

Past unit positions served \_\_\_\_\_

Camping Background \_\_\_\_\_

Years as a- Cub Scout \_\_\_\_\_ Scouts BSA \_\_\_\_\_ Venturer \_\_\_\_\_

Leadership Positions held in unit \_\_\_\_\_

Training Courses attended and dates \_\_\_\_\_

List your church, school, and community activities \_\_\_\_\_

List any awards and recognitions that you have received \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

\_\_\_\_\_

List any Merit Badges you have earned that may be relevant to the summer camp program \_\_\_\_\_

\_\_\_\_\_

What areas of Scouting do you like best \_\_\_\_\_

\_\_\_\_\_

What areas of Scouting do you feel most qualified to instruct? \_\_\_\_\_

\_\_\_\_\_

Why do you want to work on the Slippery Falls Staff? \_\_\_\_\_

\_\_\_\_\_

If accepted for the Counselor In Training Program, I understand that I will be at camp for a period one or two consecutive weeks. The options are listed below and I have indicated my preference for the weeks that I would like to participate. I further understand that the Last Frontier Council assumes the responsibility of my room and board and that no compensation will be given.

**Note: Applicants will not be allowed to participate in the CIT program while their unit is at Slippery Falls.**

My choice(s) for weeks are checked (select one or two)

Week 1 - June 2 to June 8     Week 2 - June 9 to June 15     Week 3 - June 16 to June 22     Week 4 - June 23 to June 29

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of parent/guardian if under the age of 18

**Endorsement of Unit Leader**

I approve this application and recommend \_\_\_\_\_ for consideration as a participant in the Camp Staff Development program at Slippery Falls.

Comments \_\_\_\_\_

\_\_\_\_\_

Leader's Printed Name: \_\_\_\_\_

Unit #: \_\_\_\_\_ District: \_\_\_\_\_ Phone # (H): \_\_\_\_\_ Phone # (W/Cell): \_\_\_\_\_

Leader's Signature: \_\_\_\_\_