

2025 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, 2025.

Mail to:

Or e-mail to:

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

Curt Geimer, LFC Program Director curtis.geimer@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 ur	nit
OA member (circle applicable):	O Not a member O Ordeal O Brotherl	hood O 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 u	unit	
Training Courses attended an	d dates	
What are your hobbies?		

List any Merit Badges you have earned that may b	e relevant to the summer camp prog	gram
What areas of Scouting do you like best		·
What areas of Scouting do you feel most qualified	d to instruct?	
Why do you want to work on the Slippery Falls St	taff?	
If accepted for the Counselor In Training Program weeks. The options are listed below, and I have I further understand that the Last Frontier Compensation will be given.	indicated my preference for the web ouncil assumes the responsibility o	eks that I would like to participate of my room and board and that no
Note: Applicants <u>will not</u> be allowed to parti		e their unit is at Slippery Falls.
My choice(s) for weeks are checked (select one of	•	
Week 1 - June 1 to June 7 Week 2 - June 8 to	Week 3 - June 15 to Jur	ne 21
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 progr	am at Slippery Falls.	
Comments		
Leader's Printed Name:		
Unit :District:	Phone (C):	
Leader's Signature:		