



# Camp George Thomas

Last Frontier Council

## Counselor in Training 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 April 1, 2025.

Mail to:

Debbie Levick

2302 N.E. Tuttle Creek Drive

Lawton, OK 73507

Or E-mail to:

levickdj@sbcglobal.net

(580)512-6586

### PLEASE PRINT CLEARLY:

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

SUFFIX

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

OA member (circle current status): Not a member Ordeal Brotherhood Vigil

Current Scout Rank: \_\_\_\_\_ Number of Merit Badges Awarded: \_\_\_\_\_

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

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

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

Name: \_\_\_\_\_  
                    **LAST**                    **FIRST**                    **MI**

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 Camp George Thomas staff? \_\_\_\_\_

If accepted for the Counselor In Training Program, I understand that I will be at camp for a period of one or two consecutive weeks (as determined by Camp Director) and will need to attend training during all assigned weekends. 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.

**Exceptions must be requested during interviews.**

Mandatory Weekends:	March 28-29th	April 26th	May 16-17th
Staff Week: June 8-11	Session 1: June 12-15	Session 2: June 19-22	Session 3: June 26-29

**LIST ANY KNOWN CONFLICTS WITH AVAILABILITY FOR THE FULL CAMP SEASON**

If selected as a CIT, I understand that I am expected to abide by the conditions of the Statement of Understanding and Code of Conduct, to abide by the policies in the Staff Handbook, and to cooperate with other members of the staff. I will serve to the best of my ability for the entire camping season in the position to which I am assigned. If employed, I will provide a current Scouting America Annual Health & Medical Record, parts A, B & C.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(For applicants under 18 years of age)

**Endorsement of Unit Leader**

I approve this application and recommend \_\_\_\_\_ for consideration as a participant in the Camp Staff Development Program at Camp George Thomas.

Comments: \_\_\_\_\_

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

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