

Counselor In Training (CIT) Program Application

Program Overview

Our Counselor-In-Training program combines the fun of camp with leadership and on the job training. The CIT program is a unique opportunity for motivated young people to develop the necessary skills to be role models in our camp community. CIT campers stay for two weeks, learning the ropes of living and serving at CSM. The first week is focused on creating successful peer relationships, developing skills that are needed to work in our camp environment, and discovering personal gifts and strengths. During week two, CIT campers will have the opportunity to use their strengths in a cabin, at day camp, or in the kitchen, gaining hands-on experience and a glimpse into being a CSM staff member.

To Apply:

Complete the enclosed application and postmark it to Camp Stella Maris by December 31, 2024. Please mail applications to the address below, or scan and email to melissa@campstellamaris.org Letter of Recommendation forms should be mailed or scanned/emailed by the person completing the form.

Camp Stella Maris
Attn: CIT Application
4395 E. Lake Rd.
Livonia, NY 14487

Summer 2025 Sessions

CIT 1 – June 29-July 11 (B/C Weeks)
CIT 2 – July 6-19 (C/D Weeks)
CIT 3 – July 13-25 (D/E Weeks)
CIT 4 – July 20-August 2 (E/F Weeks)
CIT 5 – July 27-August 8 (F/G Weeks)
CIT 6 – August 3-16 (G/H Weeks)
CIT 7 – August 10-22 (H/I Weeks)

**All campers will go home in between their 2-week session.*

Applicant must either:

- Be at least 16 years old by June 30, 2025 (regardless of grade) or
- Be at least 16 years old by December 1, 2025, be in the graduating class of 2027, no older than 17 by session

Cost and Financial Aid

TWO-WEEK SESSION \$925

Camp Stella Maris works hard to provide all children the opportunity to attend summer camp. If the cost of the CIT program is difficult for your family, please request a Campership Application after completing the CIT Application Process.

Names & phone numbers of those completing Letters of Recommendation

Person 1:

Person 2:

Counselor in Training Program Application

Camper Information

Camper Name			
Camper Preferred Name			
Birthdate and Age as of June 1, 2025			
Address			
Camper Phone #			
Camper email			
Parent/Guardian Name(s), Phone #, email	Name (s): Phone #: Email:		
Camper Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Genderqueer/Non-Binary		
Camper Pronouns		T-shirt size: XS S M L XL XXL XXXL	

Why are you interested in participating in the CSM Counselor in Training (CIT) Program?

Attach additional page if needed

What is your definition of community?
In what ways do you contribute to your definition of community?
Attach additional page if needed

Empty response box for the definition of community and contribution.

Describe a challenge in your life within the last year and how you overcame it.
Attach additional page if needed

Empty response box for describing a challenge and how it was overcome.

Think of someone you look up to, what leadership qualities do they display? Why do you think these qualities are important? Which of these qualities resonate with you and why?

Attach additional page if needed

If your words or actions hurt someone else, what would you do after learning how it impacted that person?

Attach additional page if needed

The CIT Program is an opportunity for campers to develop the skills needed to work and live at CSM. This includes working in the kitchen, at day camp, or in a cabin. What skills do you think are needed in each of these areas? Which of those skills do you feel is your strongest, and which is a skill you'd like to get better at?

Attach additional page if needed

A large, empty rectangular box with a thin black border, intended for the student to write their responses to the questions above. The box occupies most of the page's width and height.

Session Preference

Camp staff will review this application and campers will be registered in a CIT session.

Campers will be notified of their session by February 1, 2025.

Session	Preference
	Please indicate preference using 1st, 2nd, 3rd, 4th, etc. or not available
CIT 1 – June 29-July 11 (B/C Weeks)	
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CIT 7 – August 10-22 (H/I Weeks)	

The information provided in this application is true, correct, and complete. If accepted, any misstatement or omission on this application may result in my dismissal from the CIT Program.

Signature of CIT Applicant

Signature of Parent/Guardian

Date

Date

Camp Stella Maris
Counselor in Training (CIT)
Letter of Recommendation Form

The applicant has applied for the CIT program at Camp Stella Maris. CITs spend week one learning and growing skills needed to work in a camp environment. During week two of the program, CIT campers will have the opportunity to use their strengths and tools in a cabin, at day camp, or in the kitchen, assisting camp staff with daily camp tasks and/or supervision of campers of all ages and backgrounds. Your honest response to the following questions about the applicant's character and ability would be most helpful. All information will be kept confidential.

Complete this form and return to Camp Stella Maris postmarked by December 31, 2024. Please mail letter of recommendation to the address below, or scan and email to melissa@campstellamaris.org

Camp Stella Maris
Attn: (Applicant Name) -CIT Application
4395 E. Lake Rd.
Livonia, NY 14487

Please attach additional pages if needed.

1. What is your relationship to the candidate and how long have you known them?

2. What do you respect most about the applicant?

3. What behaviors could they change (or improve upon) to be more effective in working with peers?

4. Do you have any reservations about the applicant's ability to work closely with peers and children? Please explain.

5. What can you tell us about the applicant's dependability and level of initiative?

6. What can you tell us about the applicant's self-awareness, self-regulation and ability to accept criticism during stressful situations?

7. Is there anything else you would like to share about this applicant?

CIT Applicant's Name: _____

Your Name: _____

Signature: _____ Date: _____

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Letter of Recommendation Form

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Your Name: _____

Signature: _____ Date: _____