



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026 COUNSELOR IN TRAINING APPLICATION

All applications are due by April 30, 2026. Please complete entire application. Application packet and letter of recommendation can be emailed to catieyoung@columbiaymca.org, or dropped off at any YMCA branch.

Counselor in Training's Full Name: _____

The Counselor in Training (C.I.T.) program provides teens with training in using effective leadership skills throughout their lives and how to effectively lead children. CITs are provided with training, leadership, and mentors as they assist in day camp programs. CITs must attend the training date that will ensure they are prepared to work with youth.

Ages: 14-15 years **Days/Times:** Monday-Friday 9am-4pm

Cost: \$75 (members)/\$90 (non-members) per week **Must commit to minimum 4 weeks**

**CITs are welcome to attend field trip days with camp. Field trip admission is not included in the cost of the CIT program, but admission fees can be drafted to the CIT's online account should they wish to attend.*

CIT PROGRAM PERKS

- Teens will be mentored by positive YMCA role models.
- Teens will be certified in First Aid and CPR.
- Teens develop and improve leadership skills to use throughout their life.
- Teens develop friendships with other teens that share their passion for working with children.
- Teens gain real world skills that they can use in future careers.
- Teens have fun serving as role models making an impact on the lives of younger children.
- Teens earn community service hours that will help with college applications, presidential awards, and more.

ELIGIBILITY

- Applicants must be 14-15 years old
- Applicants must complete and submit a CIT Program Application by April 30, 2026
- Applicants must submit a letter of recommendation with application written by a reference such as a teacher, pastor, scout leader, or other non-relative
- Both applicant and parent/guardian must be available and participate in an interview after application has been received
- Applicant must be able to attend the CIT training on May 16 prior to attending a Service Week
- Applicant must have a strong desire to work with kids

The CIT program takes place throughout the summer, coinciding with regular camper sessions. Please select the weeks you wish to participate in the CIT program (must commit to at least 4 weeks). Please note: You may be assigned weeks, and not be selected for all weeks chosen.

☒ CIT Training (May 16) ☐ June 15-19 ☐ July 6-10 ☐ July 20-24** (Grand Finale)
☐ June 1-5 ☐ June 22-26 ☐ July 27-31** (Grand Finale)
☐ June 8-12 ☐ June 29-July 3 ☐ July 13-17** (Splash & Skate Camp)

****Downtown Traditional Camp unavailable. Field trip fees apply for Splash & Skate and Grand Finale downtown camp weeks.**



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CIT PARTICIPANT INFORMATION

CIT Name: _____ DOB: ____/____/____ Age: ____ Grade/Fall 26: ____

Shirt Size: ____ (adult / child) Home address: _____

City: _____ State: ____ Zip: _____ School: _____

Email: _____ Phone: (____) - ____ - _____

1 CIT shirt is provided with acceptance/registration. Additional CIT shirts can be purchased for \$10/shirt. Should you be accepted, do you wish to purchase any additional CIT shirts? If yes, how many? _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Legal Name: _____ DOB: ____ / ____ / ____

Email: _____ Cell Phone: (____) - ____ - _____

Employer: _____ Work Phone: (____) - ____ - _____

VOLUNTEER/WORK EXPERIENCE

Organization: _____ Position: _____ Dates: _____

Responsibilities: _____

Other volunteer experience:

CERTIFICATIONS, CLUBS AND INTERESTS Please list any certifications, training, special skills, groups, clubs, sports, or activities you have participated in.

REFERENCES Please list two references other than a Parent/Guardian.

Reference Name	Phone Number	Relationship to CIT

I have attached my letter of recommendation to this application: ____Yes



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CIT PARTICIPANT QUESTIONNAIRE

Have you ever been a YMCA camper? YES NO *if yes, # of years:* _____

Camp(s) Attended: _____

What does "leadership" mean to you, and how do you think the CIT program will help you grow as a leader this summer?

What is one new skill or piece of knowledge you hope to walk away with that you didn't have before the summer began?

Of the 5 Core Values of the YMCA: Honesty, Caring, Respect, Responsibility, and Faith, Which of them is the most important to you, and why?

Explain something you are really good at (a talent, skill or personality trait) and how you would use it to make camp fun or better for campers.

If a new camper felt shy or homesick on their first day, what is the first thing you would say or do to help them feel comfortable?

If selected, which YMCA Day Camp(s) would you prefer to be placed at? Select all that apply.

**Please note: you may be offered a spot at another location.*

Downtown YMCA Traditional Camp [M-Th] (wk 1-6)

Friday Fun Days [F] (wk 1-6)

Splash & Skate Camp [M-F] (wk 7) ***Field trip fees added at-cost*

Grand Finale [M-F] (wk 8-9) ***Field trip fees added at-cost*



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARTICIPANT AGREEMENT AND PARENT PERMISSION

With your parent/Guardian please review and sign the following agreement.

- I WILL follow both YMCA and Camp policies and procedures at all times.
- I WILL successfully complete and fully participate in the required training.
- I WILL be at camp on time every day during the CIT sessions I am scheduled for.
- I AM aware that as a leader, others are counting on my presence.
- I WILL at all times remember that being a CIT is a big responsibility and that I am attending camp not as a camper, but as a role model for younger children.
- I WILL exhibit good character and responsibility at all times and fully participate in all camp activities.
- I WILL NOT assume adult responsibilities.
 - This means that I cannot:
 - Be left alone with children
 - Be counted as staff in ratios
 - Be on my own without staff supervision

I have read and understand the agreement by which CIT candidates will be expected to abide by.

CIT Printed Name: _____ **Signature:** _____
Date: _____

Parent Name: _____ **Signature:** _____
Date: _____