



Counsellor-In-Training Application

Today's Date _____

The Process: Fill out this application and **send it to the address/fax number below by March 1, 2019.** Interviews will be arranged if there are more applicants than openings. Each applicant will receive a short phone call during which you will receive information about the program, its goals and expectations.

If necessary, a second phone call will confirm your attendance at the in-person interview date. **These will take place on Saturday, March 9th starting at 10am** at the YWCA main office, Empire Building | #400, 10080 Jasper Avenue.

At the interviews, we will ask you a few questions about your experience and personal goals and answer any questions you may have about the program. Your parents are welcome to attend. Arrangements for interviews at an alternative date or by telephone will only be made for applicants residing outside the Edmonton area. Applicants will be notified of their acceptance soon after the interview and the payment of fees will be arranged at this time.

Name (Last) _____ (First) _____

Birth date: Y _____ M _____ D _____ Male Female

Age (as of July 1, 2019) _____ **Must be at least 15 years.**

Address _____

City _____ Province _____ Postal Code _____

Parent/Guardian Name _____ Phone (hm.) (____) _____
(wk.) (____) _____

Parent/Guardian Name _____ Phone (hm.) (____) _____
(wk.) (____) _____

The Counsellor In Training program will run from **July 22 - August 2 and August 6-16**

Bus To Camp?	\$7.50	YES	NO	T Shirt	(Included in price)	S	M	L	XL
Bus From Camp?	\$7.50	YES	NO	\$16.00	Water Bottle	YES	NO		

A deposit of \$300.00 is due upon acceptance into the program. Payment schedules may be arranged to suit your needs; however the full fee (\$1,000) is due on or before June 1, 2019. All cancellations up to 30 days prior to the program commencement will receive a full refund less a \$50.00 administration fee. Cancellations less than 30 days prior to the program commencement will receive no refund unless a doctor's note is provided. After acceptance into the program a registration package will be emailed. A paper copy can be mailed for an additional \$5 shipping and handling fee.

<i>For Office Use Only:</i>		Received _____	Receipt # _____	Package Sent _____
		Siblings _____	Med Form _____	
Method of Payment	Cheque <input type="checkbox"/>	Cash <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Credit Card # _____	Expiry Date _____	Card Holder _____		

Please complete the following. Attach additional pages if necessary.

Describe any previous camp experiences

What are your three strongest outdoor skills

Describe a trait or ability that you would like to improve or work on this summer

List any experience that you have leading children or your peers

Why is participating in the C.I.T. Program important to you?

Indicate Your Awards, Certification or Recognitions (include type, date earned, and expiry date)

List your Extra Curricular Activities and Special Interests

Anything else we should know about you?

Please send completed form to:

**CIT Program
Camp Yowochas
Box 313
Fallis, Alberta
T0E 0V0
Fax (780) 892-2888
yowochas@ywcaedm.org**