



**EnviroVentures Summer Camp**  
**Counselor in Training (CIT) Application**  
**RETURNING CITs**

Participant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2025): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone (home/cell): \_\_\_\_\_

Current School: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

\_\_\_\_\_

If you have had any First Aid courses please list them: \_\_\_\_\_

\_\_\_\_\_

If you have volunteer or work history you wish to include please fill in the table below  
(attach additional sheet if necessary):

Dates of Work	Organization	Contact Information	Description of Work
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What year(s) have you previously been a CIT with us? \_\_\_\_\_

Why would you like to return as a CIT this year? \_\_\_\_\_

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Please check the camp sessions you wish to be considered for (we ask that CIT applicants commit to at least 2 camp sessions):

June 2-6 \_\_\_\_\_ June 9-13 \_\_\_\_\_ June 16-20 (4 DAY WEEK, NO CAMP ON 6/19) \_\_\_\_\_

June 23-June 27 \_\_\_\_\_ June 30-July 3 (4 DAY WEEK, NO CAMP ON 7/4) \_\_\_\_\_

July 7-11 \_\_\_\_\_ July 14-18 \_\_\_\_\_ July 21-25 \_\_\_\_\_

The information that I have provided is truthful and accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form to:  
Manager of School and Camp Programs: Maya Kowalski  
mkowalski@piedmontpark.org