



EnviroVentures Summer Camp

Counselor in Training (CIT) Application

RETURNING CITs

Participant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Grade (Fall 2026): _____

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

What year(s) have you previously been a CIT with us? _____

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

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

June 1-5 _____ June 8-12 _____ June 15-18 (4 DAY WEEK, NO CAMP ON 6/19) _____

June 22-June 26 _____ June 29-July 3 _____

July 6-10 _____ July 13-17 _____ July 20-24 _____

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