

COUNSELOR IN TRAINING APPLICATION



45 Pershing Ave., Poughkeepsie, NY 12601
845.471.7477 • Fax 471.7507

Name: _____ Telephone: _____
Dob: _____ Email: _____
Address: _____ SS#: _____

EDUCATION

Middle/High School: _____ Year of Graduation: _____
Interests: _____
Have you attended: Dutchess Arts Camp The Summer Art Institute Year/s: _____

EXPERIENCE

Describe any experience you have had working with children:

Have you ever worked as a CIT or counselor at:
 Dutchess Arts Camp The Summer Art Institute Other Camp/s
Describe your experience: _____

WORK EXPERIENCE

Please list any work experience you have and contact phone numbers:

PERSONAL REFERENCES

Please list the name, address & telephone number of three references:
1 _____
2 _____
3 _____

Please write a small paragraph as to why you would like to be a Counselor in Training at Dutchess Arts Camp (use back of form)