

# BURNAMWOOD

## CAMP AND CONFERENCE CENTER

### COUNSELOR-IN-TRAINING | APPLICATION

NAME \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

LOCAL CHURCH \_\_\_\_\_

ADDRESS OF CHURCH \_\_\_\_\_

**Please list which camp session(s) you wish to serve (see brochure or website for appropriate dates):**

**Please describe what gifts you will bring as a CIT to our Christian camping experience at Burnamwood this summer**

Please provide us with a brief statement of your personal faith (continue on back if needed)

### EXPERIENCE AND SKILLS

I have experience in the following

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Drama                        | <input type="checkbox"/> Group Games     | <input type="checkbox"/> Dance        |
| <input type="checkbox"/> Art /Crafts                  | <input type="checkbox"/> Group Singing   | <input type="checkbox"/> Bible Study  |
| <input type="checkbox"/> Campfires                    | <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Boating      |
| <input type="checkbox"/> Nature Study                 | <input type="checkbox"/> Playing Guitar  | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Playing other instruments    |  |                                       |
| <input type="checkbox"/> Other (Please Explain) _____ |  |                                       |

Special Certification

- |                                     |   |                              |
|-------------------------------------|---|------------------------------|
| <input type="checkbox"/> Life Guard | <input type="checkbox"/> Advanced First Aid | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Other      |   |                              |

Pastor/Church Educator REFERENCE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Daytime

Evening

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

Please return signed form no later than the High School Leadership Training Retreat to:

Burnamwood Camp & Conference Center  
PO BOX 23580 | Lexington, KY 40523  
or [info@burnamwood.net](mailto:info@burnamwood.net)