



Girl Scouts of Virginia Skyline Council

3663 Peters Creek Road, NW • Roanoke, VA 24019-2809 • 540-777-5100 • 1-800-542-5905 • www.gsvsc.org

Counselor-in-Training II Application Packet



THE COUNSELOR-IN-TRAINING II (CIT II): HER ROLE IN SUMMER CAMP

1. CIT II counselors are girls entering the eleventh grade or above in the fall or the equivalent who wish to help in a unit with campers during camp. They should have several years of camp experience and leadership training or the equivalent. They must submit a Girl Scout Volunteer Position Application for CIT II to the camp director.
2. CIT II counselors attend the camp staff training/planning session(s) given by the camp director.
3. CIT II counselors must complete a camp registration form and a health history and pay the prescribed fees.
4. CIT II counselors are assigned to units by the camp director.
5. An adult staff member must be in the unit, within sight of the group, when a CIT II counselor is with the campers.
6. Should any problems arise concerning the CIT II counselor or her responsibilities in the unit that cannot be resolved by talking to her, speak to the camp director or the staff member in charge of youth leadership staff.
7. CIT II counselors will complete the Camp Staff Evaluation.

GIRL SCOUT VOLUNTEER POSITION APPLICATION FOR CIT II

<input type="checkbox"/> Camp name:		
<input type="checkbox"/> Event name:		
<input type="checkbox"/> Service unit name:	Troop number (if applicable):	
<input type="checkbox"/> Other:		
PERSONAL INFORMATION		
Name:		
Mailing address:		
City:	State:	Zip:
Permanent address (if applicable):		
City:	State:	Zip:
Phone number: - -		
Cell phone or alternate phone number: - -		
Best time to call:		
Email address:		
Are you available to volunteer (check all that apply): <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends What days of the week?		
Have you ever been convicted of a criminal offense — either a misdemeanor or a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give date, nature of offense, and disposition:		
<small>(A criminal record will not necessarily bar an applicant; a criminal record will be considered as it relates to the specifics of the position for which you have applied.)</small>		
Have you ever had your driver's license revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?		
Are you listed in the Central Registry of Founded Child Abuse/Neglect Investigations with a founded disposition of child abuse/neglect? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what social service agency are you registered through? Please list the agency and a contact person with phone number:		
CURRENT EMPLOYER		
Name and address:		
Position:	Dates: From:	to:
Responsibilities:		
Supervisor's name:	Phone number: - -	
EDUCATION		
Highest level of education completed:	Major:	

EXPERIENCE			
Girl scout experience (girl or adult):			
Community/campus involvement:			
<i>Organization</i>	<i>Position(s)</i>	<i>Date Started</i>	
What talents and skills are you willing to share to benefit Girl Scouting?			
Interests (check all that apply):			
<input type="checkbox"/> Working with girls 5-11	<input type="checkbox"/> Group leader or assistant leader	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Product sales
<input type="checkbox"/> Working with girls 11-17			
<input type="checkbox"/> Working with adults	<input type="checkbox"/> Developing programs	<input type="checkbox"/> Teaching/training	<input type="checkbox"/> PR/marketing
<input type="checkbox"/> Interest groups	<input type="checkbox"/> One-time events	<input type="checkbox"/> Office help	<input type="checkbox"/> Camp personnel
<input type="checkbox"/> Program facilitator	<input type="checkbox"/> Internship	<input type="checkbox"/> Other (please describe):	
<p><i>I authorize Girl Scouts of Virginia Skyline or its agents to contact educational, personal, volunteer, professional, and governmental references for my suitability for placement in a position. I understand that willful or negligent misrepresentation or omission of facts requested is cause for non-appointment as a volunteer.</i></p> <p><i>If appointed as a volunteer, I agree to abide by the philosophies as stated in the Girl Scout Promise and Law and by the policies of Girl Scouts of Virginia Skyline Council, register with the Girl Scouts of the USA, and fulfill the volunteer responsibilities to the best of my ability, including taking the required training for the position.</i></p>			
➤ Applicant signature (required):			Date:

Mail application and two references to:

Camp Director whose name and address appear below.

TO BE COMPLETED BY INDIVIDUAL PASSING OUT APPLICATION		
Name: Debbie Perez-Reyes		
Address: 2496 Brandermill Place		
City: Charlottesville	State: VA	Zip: 22911
Phone number: 434-227-6289	Email address: sugarhollowcamp@yahoo.com	

REFERENCE CHECK for Counselor-in-Training II (CIT II)

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT. (Please print.)		
Camp:		
Name of applicant:		
Address:		
City:	State:	Zip:
Phone number: - -	Email address:	

This reference form is to be completed by someone who is not related to the above named applicant and has known the applicant for at least one year.

The above applicant has expressed an interest in serving as a CIT II at a Girl Scouts of Virginia Skyline Council summer camp. Your assistance in furnishing us with the information requested below would be greatly appreciated. All information given will be held in strict confidence. When completed, **please sign** and mail this form to the camp director listed on the back. We appreciate your prompt response to this inquiry. Please return the form within 10 working days of receipt. Thank you.

THIS SECTION IS TO BE COMPLETED BY THE REFERENCE.		
Name:		
Address:		
City:	State:	Zip:
Phone number: - -	E-mail address:	
1. How long have you known the applicant? In what capacity?		
2. Is the applicant: a. Dependable? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. b. Trustworthy? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
3. What would you list as the applicant's greatest strengths?		

4. What would you list as the applicant's weaknesses?
5. Does the applicant have any experience interacting with different racial/ethnic, religious, and socioeconomic groups and with persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity?
6. Have you observed the applicant interacting with adults? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity?
7. Have you observed the applicant interacting with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity?
8. Are there any factors that might compromise the safety of the girls? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
9. If you had a daughter, would you want the applicant to be her camp counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
10. Is there any reason why you think the applicant should not be a camp counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Signature: _____
Date: _____
Relationship to applicant: _____

SEND THIS COMPLETED REFERENCE FORM TO:		
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