



Asbury Hills

Summer 2012 Counselor in Training Information

Dear Counselor in Training Applicant,

Thank you for your interest in Asbury Hills and our Counselor in Training (CIT) program. Below you will find information about the requirements and responsibilities of our program:

Requirements: Counselors in Training (CITs) must be a high school student (grades 9 - 12) with a sincere love for Christ and a desire to work with children. They must possess a strong work ethic, a willingness to glean leadership skills, and an aspiration to be a positive role model. An application and reference form must be submitted for approval before registering for the CIT Training week.

Responsibilities: One week of training during June 10 – 15 is mandatory to get CITs acquainted with the summer camp schedule and activities as well as to help develop each CITs leadership skills and prepare them to serve as a part of our ministry. After training, they will return to assist counselors in implementing all daily activities and aid in providing a safe, fun, and nurturing environment. Since CITs are still considered campers, they must remain with their counselor/group at all times. Counselors will give their CITs several opportunities to lead the group in camp activities.

Camp Fees: We very much want to encourage your continued growth as a leader at Asbury Hills. As a commitment to future leaders, each year you return, we will subsidize a little more of the cost of coming to camp. Fee covers cost of the training week and your CIT week afterwards.

1 st year CIT	\$410
2 nd year CIT	\$350
3 rd year CIT	\$300
4 th year CIT	\$200

*Fees will be collected only after your interview and acceptance.

In the pages following you will find the two-page application and reference form. Once you have submitted your application and reference form, we will be in touch with you about whether or not you have been accepted into the program. If accepted, you will then need to complete the CIT Registration Form and all required health information. Please let me know if you have any questions!

In Christ,

Ryan Culby

Director, Asbury Hills Camp & Retreat Center
(864) 836-3711 office
(864) 836-5522 fax
director@asburyhills.org



Asbury Hills

Counselor in Training Application

Upon completion, please return to:

ASBURY HILLS CAMP & RETREAT CENTER
150 ASBURY DRIVE
CLEVELAND, SC 29635-9748

PHONE: (864) 836-3711
FAX: (864) 836-5522
E-MAIL: director@asburyhills.org

Name: _____ E-mail: _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School Presently Attending: _____

Grade to be completed this school year: _____ Birth Date: _____

Church Membership (Name and location of church): _____

Year in CIT program (including years in Shift) *(circle)* 1st year 2nd year 3rd year 4th year

**Please complete the following questions as thoroughly as possible.
If necessary, please use a separate sheet of paper.**

What type of camping experience, if any, have you had? If you've never experienced summer camp, describe a situation you've been in that has prepared you for the living and working conditions of a small group, Christian residential camp.

What leadership and/or teaching experience have you had? _____

Please describe how God has been working in your life through the past year, and how faith and prayer plays into your everyday life. _____

What are your hobbies and interests? _____

What kind of impact do you feel a Christian camping experience can have on the life of a child/youth?

What do you hope to gain while serving as a Counselor in Training at Asbury Hills?

CAMP ACTIVITIES: Place a '1' before those activities you can teach as an expert and a '2' before the activities in which you can assist.

<u>Faith Development</u>	<u>Camping Skills</u>	<u>Group Building</u>	<u>Activities</u>	<u>Water</u>
___ Worship	___ Fire building	___ Group games	___ Archery/Slingshots	___ Swimming
___ Bible Study	___ Outdoor cooking	___ Skits/Improv	___ Low Ropes	___ Diving
___ Devotions	___ Setting up tarps	___ Team building	___ Crafts	___ Canoeing
___ Music	___ Leave No Trace	___ Field games	___ Hiking	___ Water games

HEALTH: Are there any reasons you may have difficulty performing any of the essential elements of the program for which you are applying? YES ___ NO ___ If yes, please explain: _____

AVAILABILITY: Below are the available weeks for CITs to return during the summer of 2012. Please rank from 1-3 your preference for weeks to return as a Counselor in Training (make note that June 10-15 will be required training for all Counselors in Training). Then check any remaining weeks that you would also be available to return. Priority for your CIT week will be based on your acceptance date into program:

___ June 17 - 22 ___ July 8 - 13 ___ July 22 - 27
___ June 24 - 29 ___ July 15 - 20 ___ July 29 - August 3

REFERENCE: Please list the name and phone number of the person you would like to serve as a reference for you (cannot be a family member).

Name: _____ Relationship to Applicant: _____
Phone: _____ E-mail: _____

Please send attached form to your reference.

Your signature below verifies the accuracy of the information herein provided and your willingness to participate in our Counselor in Training program.

SIGNATURE _____ DATE: _____



Asbury Hills

Counselor in Training Reference Form

Your relationship to the applicant is:

___ MINISTER

___ EMPLOYER

___ CHARACTER

This person has applied to be a part of our Counselor in Training program and will be a part of our small group, residential summer camp program. If accepted, he or she will go through one week of leadership training and then return as a Counselor in Training assigned to work under our Counselors with a small group of campers. Your perceptions of the applicant will weigh heavily in our evaluation, acceptance, and training of this prospective Counselor in Training. If you have questions, please get in touch with Ryan Culby, Camp Director, by the contact information below.

Thanks again for your assistance! Upon completion, please return to:

ASBURY HILLS CAMP & RETREAT CENTER

150 ASBURY DRIVE

CLEVELAND, SC 29635-9748

PHONE: (864) 836-3711

FAX: (864) 836-5522

E-MAIL: director@asburyhills.org

APPLICANT'S NAME: _____

How do you know the applicant? _____

How long have you known the applicant? _____

What do you consider to be the applicant's strengths? _____

What do you consider to be potential growth areas for the applicant? _____

Would you trust this applicant to have 24-hour responsibility for your child? (Please give your best response even if you do not have children) Please explain. _____

