BOY SCOUTS OF AMERICA®
MONTANA COUNCIL

# Camp C. I. T. Application

(please circle camp or camps that you are applying to)

Name _____
First Middle Last

Mailing Address _____
Street City State Zip

Mobile Phone # _____ Home Phone # _____
Area Code and Number Area Code and Number

Email Address _____ Date of Birth _____

Emergency Contact _____
Name Phone #

CIT candidates must be at least 14 years of age at the start of staff week. CITs are expected to attend staff week and are typically scheduled to work for two weeks during the camping season. CITs are an unpaid position, but food and housing are provided as well as opportunities to complete merit badges during their service at camp.

**PLEASE BE VERY SPECIFIC REGARDING DATES YOU ARE AVAILABLE TO START AND END**

Dates Available for Employment From: _____ _____ To: _____ _____
Month Day Month Day

**EXPERIENCE**

High Adventure Base Experience_____
Youth Organization Experience_____
Currently Registered As_____ Unit No._____ Council/Organization_____
Rank(s) achieved: _____Other Achievements: _____NYLT:_____
Order of the Arrow _____ Have You Ever Served on a Camp Staff? _____ When/Where? _____
List Current Certifications and Dates (First Aid, CPR, EMT, NRA, etc.)_____
_____
Hobbies, skills, and special Interests_____
_____
_____
_____

**EDUCATIONAL BACKGROUND**

| | Name & Location | Number of Years Attended | Major | Degree | Diploma (Yes or No) |
|---|---|---|---|---|---|
| School | | | | | |

**REFERENCES**: Provide names and addresses of two people (not relatives) who have knowledge of your character as well as the contact information for your current scout leader.

Name Address City Zip Home Phone Mobile Number

1. _____

2. _____

Leader:_____

I hereby make application for C.I.T. position and in accordance with the principles of the organization, subscribe to the Scout Oath, Promise, and Law. I agree to be loyal to and cooperate fully with all the BSA policies, program, and management including those described in this application. If selected for the C.I.T. program, I must provide proof of current BSA membership or register with the BSA upon my arrival. I further agree to submit a completed BSA Annual Health and Medical Record – Parts A, B, and C upon my arrival. I understand that a personal interview may be required before acceptance will be granted. I authorize investigation of all statements contained in this application for acceptance as may be necessary in arriving at a decision. I authorize all my previous employers, schools, and all other references to furnish the information requested. I hereby declare that the information provided by me in this application for employment is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application is cause for discharge from the C.I.T program.

_____ _____

Applicant Signature (signature required to process application) Date

Please send completed applications to:

Boy Scouts of America
Montana Council
820 17th Ave South
Great Falls, MT 59405

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