

**GALES CREEK CAMP FOUNDATION FOR CHILDREN WITH DIABETES**

6975 SW Sandburg Road #150 – Portland, OR 97223

Phone: 503.968.2267 Fax: 503.443.2313

**COUNSELOR IN TRAINING (CIT) APPLICATION**

(Please print or type)

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street and Number City State Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Area Code & Number Area Code & Number

Dates Available: From: \_\_\_\_\_ to \_\_\_\_\_

Do you meet or exceed any minimum age requirements for that position?  Yes  No  Don't Know Minimum Age

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodation?  Yes  No

**Past Work History:** Provide a full record of all employment, paid and volunteer, and explain any gaps in employment. Include any positions of camp staff. Use a separate sheet if necessary.

1. Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer/Supervisor: \_\_\_\_\_

Address & Telephone Number: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

2. Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer/Supervisor: \_\_\_\_\_

Address & Telephone Number: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

**References:** Provide names and addresses of three persons (not relatives) having knowledge of your character, experience, work habits and ability.

Name:	Address including city, state, zip:	Telephone No.:
1.		
2.		
3.		



What contribution do you think you can make at camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What contributions do you think a well-run camp can make to children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Smoking Policy:** Gales Creek Camp has been designated a smoke-free children's camp by the Board of Directors to demonstrate healthy life styles to children with diabetes and to protect our fragile forest environment. Smoking or use of any tobacco product is not allowed on or near camp property, including roadways into and out of camp.

If this creates a problem for you, please DO NOT apply for a staff position. Your employment will be terminated should you be found to have tobacco products at camp.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

