

# 2025 Camp Old Indian Counselor in Training Application

The Camp Old Indian counselor-in-training program is an exciting opportunity for Scouts to serve alongside the summer camp staff in every capacity. This 1-2 week program is geared towards helping one get a taste of what being a counselor at Camp Old Indian is all about. Counselors in training who go above and beyond will not only get the most out of their time at camp, but they will also increase their chances of working on staff in the future. This program includes room, board, and an experience of a lifetime at no cost to the Counselor in Training.

**Applicant's Name** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First (Middle Initial) Last Name

**Permanent Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** (\_\_\_\_\_) \_\_\_\_\_ (Cell Y/N)

**Date of birth** \_\_\_\_\_

(Must be at least 14 years of age, and under the age of 18 for the duration of their CIT session)

**Parent/Guardian** \_\_\_\_\_ **Relation to Applicant** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** (\_\_\_\_\_) \_\_\_\_\_ (Cell Y/N)

**Emergency Contact** \_\_\_\_\_ **Relation to Applicant** \_\_\_\_\_

**Phone** (\_\_\_\_\_) \_\_\_\_\_ (Cell Y/N)

**Scouting History List Awards Or Certifications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Troop/Post/Crew Number \_\_\_\_\_

Highest Rank \_\_\_\_\_

Offices Held \_\_\_\_\_

**Camp Participation History**

Camp Name \_\_\_\_\_ Year(S) \_\_\_\_\_ Camp Name \_\_\_\_\_

Year(S) \_\_\_\_\_ Camp Name \_\_\_\_\_ Year(S) \_\_\_\_\_ Camp

Name \_\_\_\_\_ Year(S) \_\_\_\_\_

**Education**

Name Of High School \_\_\_\_\_ Favorite Subject \_\_\_\_\_

**Club, Sports Team, Other Leadership Roles**

Organization \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_ Currently Serving (Y/N)

Organization \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_ Currently Serving (Y/N)

Organization \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_ Currently Serving (Y/N)

Organization \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_ Currently Serving (Y/N)

**Interest** (Circle/highlight the three departments that you are most excited to work in):

Aquatics / Scoutcraft / Handicraft / Ecology / STEM / Civil Development / Shooting Sports / Pathfinder/Trade Skills

**Which week(s) are you willing to commit to. CITs must return home on Saturday if weeks are consecutive.** (Circle up to two weeks):

1. June 8<sup>th</sup>-June 14<sup>th</sup> 2. June 15<sup>th</sup>-June 21<sup>st</sup> 3. June 22<sup>nd</sup>-June 28<sup>th</sup> 4. July 6<sup>th</sup>-July 12<sup>th</sup>

**Why would you like to be a counselor in training?**

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**Why should you be chosen to serve as a counselor in training?**

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**Did someone you know suggest that you be a CIT this summer (yes/no) If so, who** \_\_\_\_\_

**References** (Coach, Teacher, Scoutmaster, Leader, Youth Minister, Employer, etc.):

Name and Title \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ Day Phone \_\_\_\_\_  
Name and Title \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ Day Phone \_\_\_\_\_  
Name and Title \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ Day Phone \_\_\_\_\_

**Next Steps**

- 1) Ask a non-family member to write a letter of recommendation and staple it to the back of this application (optional)
- 2) Submit your application, letter of recommendation, and current BSA medical form via mail or email to the Camp Director at:

Mail: Camp Director JD Whitt, 1 Park Plaza, Greenville, SC, 29607

Email: [James.whitt@Scouting.org](mailto:James.whitt@Scouting.org) [hunterbeasley99@yahoo.com](mailto:hunterbeasley99@yahoo.com) [joshb0622@gmail.com](mailto:joshb0622@gmail.com)

- 3) You will be contacted shortly after your application is received regarding how to proceed

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE** *I agree to live by the Scout Oath and Law and I subscribe to the BSA Declaration of Religious Principle. I am or will become a registered member of the Boy Scouts of America.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_