



CAMP KINNERET

SUMMER DAY CAMP

SINCE 1964

Camp Internship for Leadership Training (CILT) Application

Name (first and last): _____ Date of Birth: ___/___/___

Gender: _____ School: _____ Grade Next Fall: _____

E-mail: _____ Phone: home (___) ___ - ___ cell (___) ___ - ___

Current Address: _____

City: _____ State: _____ Zip: _____

Summer Address: (if different from above) _____

City: _____ State: _____ Zip: _____

Dates Available This Summer: _____/_____/_____ to _____/_____/_____

List any dates during that time that you are NOT available: _____

Have you ever applied to be a CILT at Camp Kinneret before? Yes No

Were you a camper at Camp Kinneret or Sunny Skies? Yes No I was a CIT

If no, how did you hear about us? _____

On a separate piece of paper, please answer the following questions:

1. Why do you want to be a CILT?
2. Please describe an opportunity you have had to play or work with children.
3. What words would a child who knows you use to describe you?
4. How would you describe yourself to someone who doesn't know you?
5. As a child, what adult(s) did you look up to and why?
6. What do you think the most challenging part of volunteering at camp might be?
7. What do you think a child gets out of a summer camp experience?

References: List 2 non-relatives that we can speak with to get to know you- teachers, babysitting clients, neighbors, etc.

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Signatures: Applicant: _____ Parent/Guardian: _____

I give my permission for my child/relative to apply to Camp Kinneret Day Camp's Camp Internship for Leadership Training Program

Return applications to: PO Box 329, Agoura Hills, CA 91376 or info@campkinneret.com