

Colorado State University
Department of Health and Exercise Science
Youth Sport Camps Program
2009 Counselor-in-Training Application Form

Name _____
 Local Address _____
 Zip: _____
 Phone: (Home) _____ (Work) _____ Email: _____
 Age: _____ Grade: _____

Please check all of the camps for which you would be willing, available and qualified to work.
 You **must** attend one of the scheduled Staff Training Sessions **prior to beginning work**:

<p><u>Field Sports Camp:</u></p> <p>◇ 6/1-6/5</p> <p>◇ 6/15-6/19</p> <p>◇ 6/29-7/3</p> <p>◇ 7/13-7/17</p> <p>◇ 7/27-7/31</p> <p>◇ 8/10-8/14</p> <p><u>In-Line Hockey Camps:</u></p> <p>◇ 6/1-6/5</p> <p>◇ 6/8-6/12</p> <p>◇ 6/15-6/19</p> <p>◇ 6/22-6/26</p> <p>◇ 6/29-7/3</p> <p><u>Softball Camps:</u></p> <p>◇ 6/1-6/5</p> <p>◇ 6/8-6/12</p> <p>◇ 6/15-6/19</p> <p><u>Baseball Camps:</u></p> <p>◇ 6/1-6/5</p> <p>◇ 6/8-6/12</p> <p>◇ 6/15-6/19</p> <p>◇ 6/22-6/26</p> <p>◇ 6/26-7/3</p>	<p><u>Basketball Camps:</u></p> <p>◇ 7/6-7/10</p> <p>◇ 7/13-7/17</p> <p>◇ 7/20-7/24</p> <p>◇ 7/27-7/31</p> <p>◇ 8/3-8/7</p> <p>◇ 8/10-8/14</p> <p><u>Soccer Camps:</u></p> <p>◇ 7/6-7/10</p> <p>◇ 7/13-7/17</p> <p>◇ 7/20-7/24</p> <p>◇ 7/27-7/31</p> <p>◇ 8/3-8/7</p> <p>◇ 8/10-8/14</p> <p><u>FunLIFE Camps:</u></p> <p>◇ 6/8-6/12</p> <p>◇ 6/22-6/26</p> <p>◇ 7/6-7/10</p> <p>◇ 7/20-7/24</p> <p>◇ 8/3-8/7</p>	<p><u>Super Sport Camps:</u></p> <p>◇ 6/2-6/12</p> <p>◇ 6/15-6/26</p> <p>◇ 6/29-7/10</p> <p>◇ 7/20-7/31</p> <p>◇ 8/3-8/14</p> <p><u>Volleyball Camps:</u></p> <p>◇ 7/13-7/16</p> <p>◇ 7/20-7/24</p> <p>◇ 7/27-7/31</p> <p>◇ 8/3-8/7</p> <p>◇ 8/10-8/14</p> <p><u>Music and Movement Camps:</u></p> <p>◇ 6/8-6/12</p> <p>◇ 6/29-7/3</p> <p>◇ 7/13-7/17</p> <p>◇ 8/3-8/7</p> <p><u>Staff Training:</u></p> <p>◇ May 27 6-10pm</p>
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Please continue on other side

Please list the experiences (including camps at CSU) that would qualify you to work as a counselor-in-training:

Please describe your sport experiences that allow you to be an effective teacher and role model for younger campers:

Describe any other factors that you would like us to consider when evaluating your application:-

References (specific to area of sport specialization):

Phone:

1. _____
2. _____
3. _____

Current Certifications (First Aid, CPR, Sr. Life Saving, W.S.I., etc.):

Certain certifications are required (YSC will provide certification if needed)

Type:

Chapter:

Expiration Date:

**Please attach a photocopy of each certification card _____

***Check here if you need certification**

Medical History - Do you have a medical condition that would prevent you from performing the duties of counselor-in-training? Yes___ No___ Please explain_____

Have you ever been convicted of a crime? Yes___ No___

As a CSU Youth Sport Camp staff member, I understand that is my legal responsibility to report any knowledge or awareness of child abuse by the next camp session.

Signature: _____

Date: _____

Emergency Contact Person: _____

Phone: _____

***Please return by April 1, 2009 to
Brian Butki, Ph.D.
Youth Sport Camp Director
Dept. of Health and Exercise Science, 201-A Moby
Colorado State University
Fort Collins, CO 80523-1582***

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