



# Asbury Hills

## Summer 2020 Counselor in Training Information

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Dear Counselor in Training Applicant,

Thank you for your interest in Asbury Hills and our Counselor in Training (CIT) program. Below you will find information about the requirements and responsibilities of our program:

**Requirements:** Counselors in Training (CITs) must be a high school student (grades 9 - 12) with a sincere love for Christ and a desire to work with children. They must possess a strong work ethic, a willingness to glean leadership skills, and an aspiration to be a positive role model. An application and reference form must be submitted for approval before registering for the CIT Training week each year. Applications must be submitted by April 1, 2020.

**Responsibilities:** One week of training during June 7-12 is mandatory to get CITs acquainted with the summer camp schedule and activities as well as to help develop each CITs leadership skills and prepare them to serve as a part of our ministry. After training, 11<sup>th</sup>-12<sup>th</sup> graders will have the opportunity to return to assist counselors in implementing all daily activities and aid in providing a safe, fun, and nurturing environment. Rising 9<sup>th</sup> and 10<sup>th</sup> graders will only participate in the training week. Since CITs are still considered campers, they must remain with their counselor/group at all times. Counselors will give their CITs several opportunities to lead the group in camp activities. We reserve the right to withhold volunteer weeks based on training week performance.

**Camp Fees:** We very much want to encourage your continued growth as a leader at Asbury Hills. As a commitment to future leaders, the cost of your CIT week will remain the same as it was the first year you began the program. CIT store balances will not roll over from week 1 prior to their returning week. Fee covers cost of the training week and your CIT week afterwards.

\*Fees will be collected  
only after your interview  
& acceptance.

In the pages following you will find the two-page application and reference form. Once you have submitted your application and reference form, we will be in touch with you about whether or not you have been accepted into the program. If accepted, you will then need to complete the Registration Form and all required health information. Please let me know if you have any questions!

In Christ,

***Sarah Moseley***

Summer Camp Director, Asbury Hills Camp & Retreat Center

(864) 836-3711 office

(864) 836-5522 fax

summercamp@asburyhills.org



# Asbury Hills

## Counselor in Training Application

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Upon completion, please return to:

ASBURY HILLS CAMP & RETREAT CENTER  
150 ASBURY DRIVE  
CLEVELAND, SC 29635-9748

PHONE: (864) 836-3711  
FAX: (864) 836-5522  
E-MAIL: summercamp@asburyhills.org

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address:

\_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Grade to be completed this school year: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Church Membership (Name and location of church): \_\_\_\_\_

Year in CIT program (*circle*)      1<sup>st</sup> year      2<sup>nd</sup> year      3<sup>rd</sup> year      4<sup>th</sup> year

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**Please complete the following questions as thoroughly as possible.  
If necessary, please use a separate sheet of paper.**

Describe briefly your personal faith experience.

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

Please describe how God has been working in your life through the past year, and how faith and prayer plays into your everyday life.

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

Who would you consider a mentor in your Christian journey and why?

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

What do you consider to be the purpose of Christian camping?

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Why do you want to serve as a Counselor in Training at Asbury Hills?

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What leadership and/or teaching experience do you have especially in working with children and youth?

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What are your hobbies and interests?

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**HEALTH:** Are there any reasons you may have difficulty performing any of the essential elements of the program for which you are applying? YES \_\_\_ NO \_\_\_ If yes, please explain:

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**AVAILABILITY:** Below are the available weeks for CITs (grades 11-12) to return during the summer of 2020. Please rank from 1-3 your preference for weeks to return as a Counselor in Training (make note that June 7-12 will be required training for all Counselors in Training). Then check any remaining weeks that you would also be available to return. Priority for your CIT week will be based on your acceptance date into program:

\_\_\_ June 14-19                      \_\_\_ June 21-26                      \_\_\_ July 12-17  
\_\_\_ July 19-24

**REFERENCE:** Please list the name and phone number of the person you would like to serve as a reference for you (cannot be a family member).

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please send attached form to your reference.**

*Your signature below verifies the accuracy of the information herein provided & your willingness to participate in our CIT program.*

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_



# Asbury Hills

## Counselor in Training Reference Form

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Your relationship to the applicant is:

\_\_\_\_ MINISTER      \_\_\_\_ EMPLOYER      \_\_\_\_ CHARACTER

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

This person has applied to be a part of our Counselor in Training program and will be a part of our small group, residential summer camp program. If accepted, he or she will go through one week of leadership training and then return as a Counselor in Training assigned to work under our Counselors with a small group of campers. Your perceptions of the applicant will weigh heavily in our evaluation, acceptance, and training of this prospective Counselor in Training. If you have questions, please get in touch with Sarah Moseley, Summer Camp Director, by the contact information below.

Thanks again for your assistance! Upon completion, please return to:

ASBURY HILLS CAMP & RETREAT CENTER  
150 ASBURY DRIVE  
CLEVELAND, SC 29635-9748

PHONE: (864) 836-3711  
FAX: (864) 836-5522  
E-MAIL: [summercamp@asburyhills.org](mailto:summercamp@asburyhills.org)

**APPLICANT'S NAME:** \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What do you consider to be the applicant's strengths?

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What do you consider to be potential growth areas for the applicant?

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Would you trust this applicant to have 24-hour responsibility for your child? (Please give your best response even if you do not have children) Please explain.

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