

Counselor In Training (CIT) Application

Wesley Pines Conference, Retreat & Camping Center

Name: _____

Address: _____

Social Security #: _____ Phone #: _____

Local Church: _____ Pastor: _____

Grade in School: _____ Birthday: _____

T-Shirt Size: _____

Have you ever been arrested or convicted of any crime, especially any crime concerning children? _____ Do you smoke? _____

Describe your work experience in a camp setting (including any special training you have received): _____

How is God at work in your life? _____

Why do you consider church camping important? _____

What is the mission of the church? _____

Do you have special skills in any of these areas?

Crafts _____ Recreation _____ Outdoor living _____

First Aid/CPR _____ Bible Study _____ Group Singing _____

Do you play an instrument? _____

What are your hobbies? _____

Return this form along with a recent photo and letter of recommendation from you pastor to : Wesley Pines, PO Box 307, Gallman, MS 39077.

