



Marinwood Community Services District
 775 Miller Creek Road, San Rafael, CA 94903
 (415) 479-0775 phone / (415) 479-7759 fax

Counselor in Training Application 2025

Due by Wednesday, May 21. Mail, fax, drop off, or scan and email your application to Marinwood. Please do not email pictures of your application, it must be scanned to be submitted via email. Applicants will be emailed in May to schedule their training date- May 27 or May 28 in the afternoon.

Return your application to:

Marinwood Community Center
 Attn: Robyn Bruton
 775 Miller Creek Rd, San Rafael CA 94903

Phone: (415) 479-0775x104
 Fax: (415) 479-7759
 Email: rbruton@marinwood.org

Please write legibly.

Applicant Name: _____ Date of Birth: ___/___/___

Applicant Email (optional): _____

School Attending Fall 2025: _____

Address: _____ City: _____ Zip: _____

Guardian Name & Relation: _____

Guardian Phone: _____

Guardian Email: _____

SESSION AVAILABILITY - 2025

Camp is Monday through Friday, 9:00am–3:00pm. You will need to be here from 8:50am-3:10pm. You are expected to attend every day during the sessions you register for. If your schedule changes after submission, please contact Robyn.

I am available and would like to be a CIT the following sessions:

_____ Session 1: June 16-20

_____ Session 6: July 21-25

_____ Session 2: June 23-27

_____ Session 7: July 28-August 1

_____ Session 3: June 30- July 3 (No 7/4

_____ Session 8: August 4-8

_____ Session 4: July 7-11

_____ Session 9: August 11-15

_____ Session 5: July 14-18

CAMP PREFERENCE & OPTIONS

Please indicate your camp preferences. **Please list your top 4 choices.** You are not guaranteed your first choice.

- Pine Cone (3-4 yrs)
- Miwok (4-5 yrs)
- Buckeye (K)
- Willow (K)
- Acorn (1st)
- Bumblebee (1st)

- Arrowhead (2nd)
- Manzanita (2nd)
- Huckleberry (3rd)
- Red Fox (3rd)
- Sequoia (4th, Field Trips some sessions)
- Mighty Oak (5th, Field Trips some sessions)

2025 CIT APPLICATION QUESTIONS

Please answer the following questions: (Attach additional sheet or typed answers if necessary)

1. Why do you want to be a C.I.T.? Why would you be a good C.I.T.? What, if any, experience do you have working with children?

2. When it comes to working in a camp, alongside fellow staff and a large group of children, what should a counselor or leader be aware of?

3. What activities do you think you would be especially helpful with? (check all that apply)

Sports/Games Arts n' Crafts Swimming
 Circle Games Theatre/Improv Other (Please Specify _____)

4. Do you consider yourself to be: (check all that apply)

Funny Hard-Working Artistic Patient
 Athletic Creative Introvert (Quiet) Cooperative
 Friendly Extrovert (Outgoing)

---Please return this form with your application---
2025 C.I.T. Information Form



CIT Name: _____

Pertinent Medical Info/Allergies/Behavioral Information:

Please list any other helpful information:

Note: CITs will be released as self-checkout at the end of the day.

Swim Permission

Please check the appropriate box for your child:

MAIN SWIMMING POOL– Please allow my child to use the main pool. *A swim test will be administered by lifeguard staff to verify swimming ability and areas in the main pool your child may swim. Camper must be 42 inches and pass the swim test to use the water slides.

I prefer my child NOT TO SWIM. (Alternate activities will be held during swim time)

Parent/Guardian Name & relation: _____

Cell Phone: _____

Other Phone: _____

Other Parent/Guardian Name & relation: _____

Cell Phone: _____

Other Phone: _____

Emergency Contact Name & relation (different contact from above):

Cell Phone: _____

Parent/Guardian Signature & Date: _____

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