



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

## Counselor in Training Application 2026

**Due by Wednesday, May 13.** 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 19 or May 21 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](mailto:rbruton@marinwood.org)

Please write legibly.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Email (optional): \_\_\_\_\_

School Attending Fall 2026: \_\_\_\_\_

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 15-19               | _____ Session 6: July 20-24   |
| _____ Session 2: June 22-26               | _____ Session 7: July 27-31   |
| _____ Session 3: June 29- July 2 (No 7/3) | _____ Session 8: August 3-7   |
| _____ Session 4: July 6-10                | _____ Session 9: August 10-14 |
| _____ Session 5: July 13-17               |                               |

### CAMP PREFERENCE & OPTIONS

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

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|--|------------------------------|
|  | Pine Cone (3-4 yrs)          |
|  | Miwok (4-5 yrs)              |
|  | Buckeye (K)                  |
|  | Willow (K)                   |
|  | Acorn (1 <sup>st</sup> )     |
|  | Bumblebee (1 <sup>st</sup> ) |

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

## **2026 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?

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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?

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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---



## 2026 C.I.T. Information Form

**CIT Name:** \_\_\_\_\_

Pertinent Medical Info/Allergies/Behavioral Information:

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Please list any other helpful information:

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**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:** \_\_\_\_\_

Attn: Robyn Bruton

Fax: (415) 479-7759

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