



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CIT APPLICATION

Program Fees:

The CIT program is \$ 40.00 a week plus \$ 40.00 Registration Fee. We are asking for all CIT to sign up for at least 8 weeks. This is a commitment to the program, but also to yourself.

The fee is due prior to the first day of camp. If you need to make a special payment arrangement you must do this prior to the first day of camp.

Counselor In Training

Name: _____ Date: _____

Last

First

M.I.

Address: _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ School Attending _____

Shirt Size (Circle) YM YL AS AM AL AXL

Childhood Experience related to the CIT position:

Special Interest, Hobbies or Talents:

Please indicate any special medical information or condition that may be helpful to know in the event of an emergency:

Parents Name _____

Parents Phone _____

Parent/ Guardian Signature: _____ Date _____

I, _____ agree to serve, if accepted, as a CIT the summer camp program during the following weeks: (please mark the weeks you will be available to serve as a CIT.)

Week	Dates	Full – Time	Part – Time
1	May 29 th - June 1 st		
2	June 4-8 th		
3	June 11- 15 th		
4	June 18- 22 nd		
5	June 25 th - June 29 th		
6	July 2 nd - July 6 th		
7	July 9- 13 th		
8	July 16 th - 20 th		
9	July 23 rd - 27 th		
10	July 30- Aug. 3 rd		
11	Aug. 6- 10 th		

(Excessive absenteeism from weeks you have obligated to work may result in termination from the program unless prior approval received. This will be at the Parent’s expense.)

Training I must be in attendance May 25th 10am- 7:00pm

I understand the completion of the application for the Summer Counselor in training Program or acceptance in previous summers does NOT automatically assure me a position in this program for 2018.

_____ Date: _____

CIT Applicant Signature

_____ Date: _____

Parent /Guardian Signature