



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CIT APPLICATION

Program Fees:

The CIT program is \$ 270.00 total. This must be paid in full at sign up for program. We are asking for all CIT to sign up for at least 6 weeks. This is a commitment to the program, but also to yourself.

The fee is due prior to registration. 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 _____



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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	June 3 rd - 7 th		
2	June 10 th - 14 th		
3	June 17 th - 21 st		
4	June 24 th - 28 th		
5	July 1-5 th No 4 th of July		
6	July 8 th - 12 th		
7	July 15 th - 19 th		
8	July 22- 26 th		
9	July 29 th - Aug. 2 nd		
10	Aug. 5 th - 9 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 30th 2- 4 pm May 31st 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 2019.

_____ Date: _____

CIT Applicant Signature

_____ Date: _____

Parent /Guardian Signature