



COUNSELORS-IN-TRAINING APPLICATION

Please print of type your answers:

PERSONAL:

Name _____
Last First Middle

Present Address _____ Phone _____
No. Street Area Code - Number

City _____ State _____ Zip _____

What Camp(s) are you interested in volunteering with? _____

Are you able, with reasonable accommodation, to perform the essential elements of the position for which you are applying? _____

Dates you are interested in volunteering _____

Have you ever been convicted of a crime? Yes No

If yes, describe in full. _____

EDUCATION:

Circle year or grade you will have completed by the end of June, 2010:

9-10-11
High School

High School you are currently attending _____

For what profession are you preparing? _____

Please share all extracurricular activities in which you are involved: _____

EMPLOYMENT HISTORY: In the space provided below, list any jobs you've had, beginning with the most recent

Employer Name _____ Phone _____

Employer Name _____ Phone _____

REFERENCES: List individuals that we may contact (i.e. past employers, adult friends, current teachers – no relatives, please)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CAMP HISTORY / EXPERIENCE

Have you ever been a camper? _____ Yes _____ No

Camp Name _____

Camp Name _____

Have you ever been part of a camp staff? _____ Yes _____ No

Camp Name _____ Position _____ Year _____

The following are camp program skills: Put "1" before those activities you have an interest in; "2" to indicate those activities with which you have experience; "3" before those activities you can organize and teach.

Archery	Swimming	Other:
Astronomy	Wilderness Tripping	-
Backpacking	Storytelling	-
Canoeing	Song Leading	-
Drama	Mountain Biking	Musical Instruments (List All):
Ecology/Nature	Cooking	-
Fishing	Rock Climbing	-
Games	Arts & Crafts	-
Hiking	Teambuilding	-
Kayaking	Sailing	-

Certifications/Training	Expiration Date
Lifeguard Training	
Water Safety Instructor	
Advanced First Aid	
Standard First Aid	
CPR	
Community CPR	

Other certifications/trainings: _____

Please print your answers clearly

1. Why do you want to be in the C.I.T. Program? _____

2. Describe one leadership experience you've had? _____

3. What are your three greatest strengths? _____

4. If you could teach kids one thing, what would it be? _____

5. If you were a parent, what would you hope your child would gain from his or her camp experience: _____

6. Do people's opinions of you hold you back from doing things? Why or why not? _____

7. Do you have trouble being different from your friends? _____

8. Why do you think you should be in the C.I.T. program?_____

Thank you very much for taking the time to fill out this application. The C.I.T. Director will be contacting potential C.I.T.s for interviews. Have a good spring!

By enrolling in the C.I.T. program, you agree to abide by all of the programs rules and regulations. You will work hard to uphold the integrity of the C.I.T. program and the Carlisle Family YMCA at all times. You are also pledging that you will be an active participant and will work towards being a positive role model for the Carlisle Family YMCA and its staff and campers. In signing this, you acknowledge that you have read the description of the program and understand the volunteer nature of the position and the minimum commitment of three weeks to the program.

In the event of my participation in the C.I.T. program with the Carlisle Family YMCA, I understand that the Carlisle Family YMCA may wish to investigate whether or not I have ever been convicted of a crime as part of the pre-program screening process. I hereby specifically waive any right to claim that such an investigation is an invasion of my privacy and hereby consent to such an investigation so I may be considered for employment. I further understand that my continued employment is contingent upon (1) a thorough reference check and (2) being without prior criminal convictions.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld no information that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts may exclude my being considered for the program and may be cause for termination of employment with the Carlisle Family YMCA.

Date _____ Signature _____
Signature of Participant

Date _____ Signature _____
Signature of Parent or Legal Guardian

**Return to:
Carlisle Family YMCA
311 South West Street
Carlisle, Pennsylvania 17013**