



## COUNSELOR IN TRAINING APPLICATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ Age as of July 1st \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

In Case of Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Grade Attending in Fall	School Name

Hobbies, Sports, Extracurricular Activities \_\_\_\_\_

\_\_\_\_\_

Previous Work/Volunteer Experience \_\_\_\_\_

\_\_\_\_\_

References  
(teachers, guidance counselors, employers, etc,; do not include relatives)

Name	Address	Phone	Relation

Which program would you like to be a CIT at? \_\_\_\_\_ Playground (8:30 - 12:00)  
 \_\_\_\_\_ Full Day (8:00 - 5:00)

**Circle Session Requested**

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
6/25 - 6/29	7/2 - 7/6	7/9 - 7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6 - 8/10	8/13 - 8/17	8/27 - 8/31

On a separate sheet of paper, please answer the following questions and submit them with this application.

1. Why do you want to participate in the CIT Program?
2. What qualities and experience do you possess that would add to the CIT program?
3. What do you hope to accomplish during your time as a CIT?