



Counselor in Training / Jr. Counselor in Training Parental Consent Form

Name: _____ Relationship _____
Address _____ City _____
Phone Number _____ Cell Number _____
Email Address _____

I hereby give my permission for my son/daughter to participate in the selection process for Jr. Counselor in Training/Counselor in Training program. I understand that there is an application, into questionnaire and interview process for the selection.

I understand that this is a program offered by the Boys & Girls Club of Assabet Valley that will give my son/daughter the opportunity to gain experience in the world of work. I understand and give my permission for my son/daughter to participate in volunteer work experience program.

I understand that this is an opportunity for my son/daughter and that there are job requirements that must be meet. Once the orientation week is complete an evaluation will take place to determine appropriateness of applicant to the Jr. CIT CIT program.

Parent or Guardian Signature _____

Jr. CIT / CIT Signature _____

COMMENTS:
