BOYS & GIRLS CLUBS OF ARKANSAS VALLEY

JR. CIT/CIT APPLICATION FORM

Today's Date: _____

Age as of July 1st, 2013 _____

Name: _____ Date of Birth _____/_____/_____

Address: _____

Street City Zip

Home Phone: _____Parent/Guardian Cell Phone: _____

Applicant's Cell Phone: _____ Email: _____

In Case of Emergency Contact Name: _____Relationship: _____

Phone: _____ Cell Phone: _____

Contact Email: _____Additional Info: _____

Grade Attending	School Name

Hobbies, Sports, Extracurricular Activites: _____

_____

Previous Work/Volunteer Experience: _____

_____

Refrences: (teachers, guidance couselors, employers, etc.; do not include relatives)

Name	Address	Phone	Relationship

Please circle days of the week you are planning to volunteer MON TUE WED THU FRI

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SUBMIT THEM WITH THIS APPLICATION
(applications will not be considered without this information)

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