

**COUNSELOR IN TRAINING (CIT) APPLICATION 2018
CIT Application deadline is January 31**

Name: _____ Date: _____

Permanent address: _____

Town, State, Zip: _____ Phone _____

Phone (cell): _____ E-mail: _____

SS#: _____ Date of Birth: m/d/yr _____ (required by law for SORI/CORI)

Sex: M__ F__

Current Address:(if different) _____

Town, State, Zip: _____ Phone _____

School: _____ Grade: _____

Please mark with an "x" any of the following activities which you could organize and teach, or assist with:

- | | |
|---|--|
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Video |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Digital Photography |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Sewing/Costumes |
| <input type="checkbox"/> Karate | <input type="checkbox"/> Set Building |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Theater Tech |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Acting |
| <input type="checkbox"/> Other sport (indicate) | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Instrumental Music |
| <input type="checkbox"/> Animation | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Sound/Recording | <input type="checkbox"/> Choreography |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Theatrical make-up design |
| <input type="checkbox"/> Improv theater | <input type="checkbox"/> Studio Art (Indicate Media) |

Please elaborate on any of the above items you marked that you would like us to know more about and/or share talents and skills you have that you could apply here at CAAP..

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Any experience working with children? Please describe.

Please list any First Aid/CPR/Choke Certificate(s)? _____

Do you hold a Life Saving or Water Safety Certificate? _____

If yes, indicate which and give dates: _____

REFERENCE (Give below the names of three people not related to you whom you have known for at least one year.) Please ask these people to send us written letters of reference.

Note: Your application is not complete until all three references have been received.

Reference Name Name of Business Address/Phone Years Known

1. _____

2. _____

3. _____

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CRIMINAL RECORD

In answering the following, you may omit any information or answer "No" with regard to any first convictions for speeding, minor traffic violations, affray or disturbance of the peace.

Have you ever been convicted of a felony? Yes _____ No _____
If yes, give dates and details.

Have you been convicted of a misdemeanor within the last 5 years?
Yes _____ No _____ If yes, give dates and details.

CERTIFICATION (Please read carefully before signing)

I hereby affirm that the information provided on this application (and any resume submitted) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

I hereby authorize the camp to investigate all information pertinent to my application in order to determine my qualifications for employment. I hereby authorize all persons and organizations having information relevant to my application to provide that information to the Camp and I hereby agree to hold harmless the Camp and all those providing information to it from any liability arising out of or as a result of the provision or use of such information. I understand that any offer of employment may be rescinded if my references are inadequate or unacceptable to the Camp.

Signature: _____

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