



Counselor-In-Training Program Application

PERSONAL INFORMATION

Name _____
Last
First
Middle Initial

Address _____
Street
City
State
Zip

Phone _____ Email: _____

Age and Grade _____
 (Applicants must be 14 years of age by June 1st, 2018)

VOLUNTEER POSITION DESIRED

Session (s) (please circle all that apply) 1 2 3 4 _____

What age group do you prefer to work with? (please circle all that apply) _____ 5-8 9-11 _____

What time slot would you prefer to work? (please circle all that apply)

MORNING (8AM-12PM) MORNING (9AM-1PM) AFTERNOON (12PM-4PM) AFTERNOON (1PM-5PM)

Are you CPR/First Aid Certified? _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

EDUCATION	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
High School	_____			
College	_____			
OTHER	_____			

Subjects of special study: _____

Please describe in detail any experience you have with children: _____

List activities such as: civic service, athletics, arts, clubs, etc.: _____

Please tell us why you are interested in this volunteer position: _____

EMPLOYMENT/VOLUNTEER HISTORY (IF APPLICABLE)

(Please list your last three employers starting with the most recent.)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

REFERENCES

(Please give the names of three persons not related to you, whom you have known for at least one year.)

Name	Address/Phone	Business	Years Acquainted

In Case of an Emergency Please Notify: _____
Name Phone Relationship

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal.

Date _____ Signature _____