



## Counselor-In-Training Program Application (CIT)

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last
First
Middle Initial

Address \_\_\_\_\_  
Street
City
State
Zip

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

Age, Date of Birth (MM/DD/YYYY) and Grade \_\_\_\_\_  
*(Applicants must be 14 years of age by June 1<sup>st</sup>, 2019)*

### VOLUNTEER POSITION DESIRED

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

\*Each session is 2-weeks in length

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 of activities [i.e. civic service, athletics, arts, clubs, etc.] and interests [i.e. fashion, photography, digital arts, 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

**IMPORTANT INFORMATION:**

- **A \$25 application fee is required with your application. (make checks out to Perkins Center for the Arts)**
- **Perkins Center will hold a mandatory Camp orientation meeting on Thursday, June 13 at 4:00pm.**

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 \_\_\_\_\_