



## 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 July 1<sup>st</sup>, 2017)

### VOLUNTEER POSITION DESIRED

Position     CIT         KA     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    

*CIT Applicants Only:* 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)

KA Applicants: Time slot is from 10am-1pm

Are you CPR/First Aide 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:

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**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:				

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**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

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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 \_\_\_\_\_