Counselor in Training Summer 2019 Application

**Applicant Information**

Applicant Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last)

Grade in Fall 2020 \_\_\_\_\_\_\_\_\_

Applicant Phone Number

( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province/Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Zip Code \_\_\_\_\_\_\_\_\_\_\_

Date Application Completed: \_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

Name of Contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last)

Relationship to Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Phone Number

( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Session**

1. **Sears Park Camp June 24 – July 19**
2. **Sears Park Camp July 22 – August 16**
3. **Memorial School Summer Programs (various one week programs…this option may only be half days.**

**Short Answer Responses**

List the characteristics you feel a CIT should have.

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Why would you like to be in the CIT program?

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What experiences have you had that would help you be a CIT?

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Is there anything else you want us to know about you? Any special talents?

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