



Camp CARES Counselor in Training (CIT) Application

Ira Jones Middle School Lincoln Elementary School



YOUR CONTACT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

YOUR PARENT OR GUARDIAN'S INFORMATION

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

EDUCATION

Name of School: _____ Grade (Fall 2021): _____

What extracurricular activities do you participate in? Which do you like best and why?

REFERENCES

Name: _____

Relationship: _____ Phone: _____ Email: _____

Name: _____

Relationship: _____ Phone: _____ Email: _____

Name: _____

Relationship: _____ Phone: _____ Email: _____

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

Applicant Name: _____ Applicant Signature: _____

I have reviewed my child's application and certify that all the above information is accurate to the best of my knowledge.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Please answer the following questions to the best of your ability:

What is your favorite thing about YMCA Summer Day Camp?

Why do you want to be a Counselor in Training (CIT)?

What are three personality characteristics you have that will help you to become a good CIT?

Please return your completed application and at least two letters of recommendation.

C.W. Avery Family YMCA
Shannon Stawikowski
Youth and Family Director
(815) 267-8600, ext. 212
sstawikowski@jolietyymca.org

Applications and accompanying materials must be submitted by Friday, June 11.