YMCA Camp Immokalee

Halloween Camp 2019

Counselor-in-Training (CIT) Application

*Please complete this form and return it to Allison Vining at*

*avining@fcymca.org by October 11, 2019.*

*Please Note: The cost of Halloween Camp is $110 (includes t-shirt).*

CIT Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: AS AM AL AXL AXXL AXXL

Parent Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any school involvement (clubs, sports, leadership, etc.).

List any camper/CIT involvement along with number of years and name of camp.

1. Why do you want to serve as a CIT during Halloween Camp?
2. What do you think you can bring to the CIT program?
3. How is being a CIT different from being a camper?
4. What else do you want us to know about you?

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CIT Signature Date

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Parent Signature Date