



# North Suburban YMCA – Summer Day Camp

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[www.nsymca.org](http://www.nsymca.org)

The North Suburban YMCA

## 2018 C.I.T. PROGRAM APPLICATION

### Personal Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male Female

Position(s) Applying For: **New Counselor-In-Training (C.I.T.)**  
**Returning C.I.T.**

Availability Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Are there any conflicting dates during the summer that would interfere with the C.I.T. Program? \_\_\_\_\_

### **Permanent (Home) Address:**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

What grade are you going into in Fall 2018? \_\_\_\_\_

### Educational Information

School Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

How did you hear about North Suburban YMCA C.I.T. Program? \_\_\_\_\_

### Work History Please list any employment experiences

Company \_\_\_\_\_ Position Held \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### Camp Experience

Have you ever been a camper? Yes No

If yes, where? \_\_\_\_\_

Have you previously been a part of the North Suburban YMCA Day Camp? Yes No

If yes, when and how? \_\_\_\_\_

**Camp Related Experience**

**Why do you want to be a CIT?**

**Describe any leadership skills that would be beneficial to you being a C.I.T.**

**Describe any experience you have had with children.**

**Do you have any special skills or talents that may be useful in being a C.I.T.?**

**General Experience**

**What age group do you prefer to work with?**

2-3      4-5      6-7      8-9      10-13      Any

**Do you have any physical limitations?**      Yes      No

If Yes please explain

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**Are you currently certified in any of the following?**

Please include expiration dates and bring certificates to your interview.

First Aid \_\_\_\_\_      CPR \_\_\_\_\_      Lifeguard \_\_\_\_\_      WSI \_\_\_\_\_

**Please list two reference's names, phone numbers, and relation to C.I.T.**

Reference #1

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to C.I.T. \_\_\_\_\_

Reference #2

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to C.I.T. \_\_\_\_\_

Tell us more about you. Is there anything else we should know about you when considering you for the C.I.T Program?

I certify that the above information is true and understand that selection into the C.I.T. Program is based on this application and an interview.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date