## Seymour Recreation 2019 Counselor in Training (CIT) Application

Name:	DOB:		
Address:			
City, State, Zip:			
Home Phone:	Cell Phone:		
Email:			
References: List 3 people NOT	relatives or peers, who know of your cha	aracter, experience & abilities. We prefer	one to be a teacher/coach
Name	Relation	Email	Phone
1.			
2.			
3.			
Evnerience: List all activities in	which you have been involved (sports, y	courts around aluba valuntaar activities)	
Activity	Location	Supervisor/Coach	
1.	Location	Superviso	ory couch
2.			
3.			
4.			
5.			
6.			
Camp Experience: List any camps you have attended			
Name		Location	Dates Attended
1.			
2.			
3.			
4.			
If hired, I agree to participate in the CIT Program Mon – Fri, 8:30 am – 2:30 pm for the following weeks(dates subject to change based on Seymour's last day of school:    Week 1, June 17 – June 21 (required)   Week 2, June 24 – June 28			
Must select minimum of 3 additional weeks:  ☐ Week 3, July 1 – July 5 ☐ Week 4, July 8 – July 12 ☐ Week 5, July 15 – July 19 ☐ Week 6, July 22 – July 26 ☐ Week 7, July 29 – August 2			
Child Signature:		Date:	
Parent Signature as witness:		Date:	