

COUNSELOR-IN-TRAINING (CIT) PROGRAM APPLICATION

PLEASE PRINT CLEARLY

Date of Application: ____ / ____ / ____

Name: _____

Address: _____

City

State

Zip Code

Age: ____

Date of Birth: ____ / ____ / ____

Sex: M / F

School Name & Address: _____

Grade Level: ____

Grade Point Average ____

Parent/Guardian Name(s): _____

Home Phone #: _____

Your Cell Phone #: _____

Your E-Mail Address: _____

Please describe your availability to work from June through August:

Days Available:

M T W TH F

Time(s) you are available: 9 AM - 12 PM 1 PM - 3:30 PM 9 AM - 3:30 PM

Please circle the location(s) where you would like to be considered for work:

Sport & Health Bethesda

St. Andrew's

Georgetown Visitation

Audrey Moore RECenter

Other _____

What experience have you had teaching or working with children? (e.g., babysitting, tutoring, etc.)?

In which sports do you participate?

TENNIS BASKETBALL SOCCER BASEBALL SWIMMING LACROSSE

FIELD HOCKEY OTHER: _____

Describe positions played, awards won, rank on team, and any other relevant information in regard to sports you are currently active in or in which you have been a team participant. If you are a tennis player, describe state or sectional rankings.

Have you ever attended one of our camps in the past? Yes / No

If so, which did you last attend, where and when? _____

List any artistic or theatrical skills: (e.g., acted in school plays, etc.) _____

List other school-related achievements and awards: _____

In 50 words or fewer, please explain why you are applying for the CIT program:

Describe any physical problems which might impair or restrict your work with us:

Please list the names and telephone numbers of two individuals we may contact as references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please print this form and mail to:

Mitch Henkin, 2813 East-West Hwy, Chevy Chase, MD 20815

You may contact us by calling (301) 530-5472 one week after submitting your application.