

# Summer Camp CIT Application



## Applicant Information

Full Name: *(last, first)* \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

	Yes	No		Yes	No
Are you a citizen of the United States?	<input type="radio"/>	<input type="radio"/>	If no, are you authorized to work in the U.S?	<input type="radio"/>	<input type="radio"/>
Have you ever worked/volunteered for Earthplace?	<input type="radio"/>	<input type="radio"/>	If yes, when? _____		
Do you have transportation to/from Earthplace?	<input type="radio"/>	<input type="radio"/>			

**Date Available:** \_\_\_\_\_

Please check all of the summer camp sessions that you are available below:

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> June 10-June 14 | <input type="radio"/> July 15-July 19   |
| <input type="radio"/> June 17-June 21 | <input type="radio"/> July 22-July 26   |
| <input type="radio"/> June 24-June 28 | <input type="radio"/> July 29-August 2  |
| <input type="radio"/> July 1-July 3   | <input type="radio"/> August 5-August 9 |
| <input type="radio"/> July 8-July 12  |   |

## Certifications

- |   |  |
|---|--|
| <input type="radio"/> First Aid, expires: _____     | <input type="radio"/> Epi-pen Administration |
| <input type="radio"/> CPR, expires: _____           | <input type="radio"/> WSI                    |
| <input type="radio"/> Medication Administration     | <input type="radio"/> Teaching               |
| <input type="radio"/> Life Guarding, expires: _____ | <input type="radio"/> Other: _____           |

## Other Information

Why would you like to be an Earthplace Summer Camp Counselor In Training (CIT)?

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Please list all qualities/interests that will enable you to be a successful CIT for the nature based summer camp at Earthplace:

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# Summer Camp CIT Application continued

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## Education

High School: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Grade that you are completing this year: \_\_\_\_\_

## References

*Please list three references*

Full Name: \_\_\_\_\_ Personal  Professional

Company/Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Personal  Professional

Company/Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Personal  Professional

Company/Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

## Disclaimer & Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to acceptance in the CIT Program at Earthplace, I understand that any false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_