



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please indicate any special medical information or condition that may be helpful to know in the event of an emergency:

If you had to pick a fruit or vegetable to describe your personality what would it be and why?

Who in your life would consider you a mentor and why?

What do you feel would be the best quality that you have to bring to the summer camp children this summer?

Why do you think we should pick you as a C.I.T this year?

What have you done this week to show someone that you care?

What do you want to be when you grow up?

If you could have dinner with anyone who would you pick? (Alive or Dead)



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You can only take two items with you on vacation with your family what would you pick?

Parents Name

Parents Phone

Parent/ Guardian Signature:

_____ Date _____

I, _____ agree to serve, if accepted, as a C.I.T the summer camp program during the following weeks: (please mark the weeks you will be available to serve as a C.I.T.)

| Week | Dates | Full Time (4-5 Days) | Part Time (Up to 3 days) |
|------|--|----------------------|---------------------------|
| 1 | May 31 st - June 3 rd | | |
| 2 | June 6 th -June 10 th | | |
| 3 | June 13 th - June 17 th | | |
| 4 | June 20 th - June 24 th | | |
| 5 | June 27 th - July 1 st | | |
| 6 | July 5 th - July 8 th | | |
| 7 | July 11 th - July 15 th | | |
| 8 | July 18 th - July 22 nd | | |
| 9 | July 25 th - July 29 th | | |
| 10 | August 1 st - August 5 th | | |
| 11 | August 8 th - August 12 th | | |

Training I must be in attendance: **May 22nd 1:15 pm- 4:00pm**

I understand the completion of the application for the Summer Counselor in training Program or acceptance in previous summers does NOT automatically assure me a position in this program for 2022.

_____ Date: _____

C.I.T Applicant Signature

_____ Date: _____



Parent / Guardian Signature

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L.I.T Personal Reference

To be filled out by current or past teacher, Pastor or other adult in a leadership position. (Not a relative) This can be returned with the application or emailed prior to kayla.tiller@ymcaofhannibal.com

1. How long have you known the applicant? In what capacity?
2. Do you think the applicant has a maturity to assist in caring for children in a recreational setting with some adult guidance and supervision?
3. Do you think the applicant would serve as a positive role model for the youth in the camp? To peers in the C.I.T program? Please explain why.
4. Would you personally be happy to have your child under this person's direct care and influence?
5. Is there anything you would like to share of why this applicant would not be a good choice for the C.I.T job?
6. Is there anything else you would like to share about this applicant?

L.I.T Applicants Name: _____ Date: _____

Your Name: _____

Title/Job: _____

Email Address: _____