

COUNSELOR IN TRAINING PROGRAM (13-15 years old)

SUMMER CAMP 2021

GENERAL INFORMATION

M F

Last Name

First Name

Address

Apt. #

City

Province

Postal Code

Home Telephone #

Cell Telephone # (1 or more)

E-mail

Date of Birth (YYYY-MM-DD)

Age as of June 28

Medicare #

Expiration

Allergies?

REGISTRATION

Please indicate your choice (choose **1 or more**)

\$ 250 - SESSION 1 (WK 1 - June 28th to July 2nd, WK 2 - July 5th to 9th and WK 3 - July 12th to 16th)

\$ 250 - SESSION 2 (WK 4 - July 19th to 24th, WK 5 - July 26th to 30st and WK 6 - August 2nd to 6th)

\$ 250 - SESSION 3 (WK 7 - August 9th to 13th, WK 8 - August 17th to 20th and WK 9 - August 23rd to 27th)

There will be a mandatory orientation on June 13th (subject to change)

EDUCATION

Name of Current School:

Grade completed this year

Languages: English: Spoken French: Spoken Other (specify) _____ Spoken

Written Written Written

First Aid Certification Yes No If yes, Course Level: _____ Expiration: _____

REFERENCE

Name: _____ Telephone #: _____

Title: _____ Email: _____

REFERENCE

Name: _____ Telephone #: _____

Title: _____ Email: _____

Please answer the following

Which age group do you prefer working with? (Please indicate a maximum of 2 choices)

- 5-6 yrs old 6-7 yrs old 7-8 yrs old 8-9 yrs old 9-10 yrs old 11-12 yrs old

Why are you applying for the CIT program?

What activity would you plan for "Prehistoric" week at camp? (Arts, sports, experiments, games, etc.)

How will your education or volunteer experience assist you as a CIT?

Do you have other comments or facts that we should be aware of?

I will adhere to all policies set by the camp administration. **I understand that during camp hours usage of cellphone or smartphone is prohibited.** I certify that all information provided in this request for the CIT program is true and correct and was written by the CIT applying. I understand that should I be accepted to the program, any **false** declaration of information given in this request will be sufficient grounds for my immediate dismissal. I authorize *La Corporation du Centre du Sablon* to verify the accuracy of the information provided.

Applicant's signature: _____

Date: _____

Parent's signature: _____
(if applicant is 13 years old)

Date: _____

PLACES ARE LIMITED. DEADLINE JUNE 1ST. Applicants will be called mid-May for an interview.

There is a \$250 (plus taxes if over 14 years old) registration fee for those who are accepted in the CIT program. Acceptance to the program will depend on the application form and interviews. Once accepted to the program, applicants must fill out payment form.
Please send application to cdj@centredusablon.com