

COUNSELOR IN TRAINING PROGRAM (13-15 years old)

SUMMER CAMP 2023

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**)

☐ \$ 300 - SESSION 1 (WK 1 - June 26 to June 30, WK 2 - July 3 to 7 and WK 3 - July 10 to 14)

☐ \$ 300 - SESSION 2 (WK 4 - July 17 to 21, WK 5 - July 24 to 28 and WK 6 - July 31 to August 4)

☐ \$ 300 - SESSION 3 (WK 7 - August 7 to 11, WK 8 - August 14 to 18 and WK 9 - August 21 to 25)

There will be a mandatory orientation on June 11 (subject to change)

After finishing a session, it is possible to add weeks.

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?

How would you make your mark in your community? What would the steps be to attain your goal?

How would you describe your leadership skills whether it be in sports, school or in extra-curricular activities?

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 would 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 14 years old or less)

Date: _____

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

A \$19.50 (plus tax for 14+ year olds) annual membership fee is mandatory. Acceptance to the program will depend on the application form and interviews. Once accepted, applicants must fill out payment form.

Please send application to cdj@centredusablon.com