

Fairfield Parks and Recreation - Counselor-In-Training Application

Name:		DOB (mm/dd/yyyy):	
Address:			
City:		State:	Zip:
Home Phone:	Cell Phone:	Email:	
Middle School:	Yr. Grad:	High School:	Yr. Grad:

REFERENCES: List three people, not relatives or peers, who have knowledge of your character, experience and abilities.

Name	Email	Phone
1		
2		
3		

EXPERIENCES: List all activities in which you have been involved. i.e. sports, religious groups, music, clubs and/or volunteer activities. *(Please attach additional paper if needed)*

Activity	Location	# of years involved

CAMP EXPERIENCE: Have you ever been a camper? No Yes (If yes, list below)

Name and Location of Camp	Number of Years	Day or Overnight

CERTIFICATIONS: List certifications you hold in: aquatics, first aid, CPR, baby-sitting, etc.

Certification	Expires

Please attach an essay explaining why you would like to be considered for the CIT program and what you hope to gain by being selected.

Applicants Signature:	Date:
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