

SUMMER 2019 1ST YEAR C.I.T. 2ND YEAR C.I.T.

CENTER / POOL YOU ARE APPLYING FOR

- ALBANY AVENUE NORTHSIDE SALTZMAN WOODWARD PARKWAY
 HOWITT MIDDLE SCHOOL
 HIGH SCHOOL POOL

COUNSELOR – IN – TRAINING APPLICATION

*Please complete sections 1 – 6. Print all information neatly.
This application must be completed by the applicant.*

1) PERSONAL INFORMATION

NAME _____

ADDRESS _____

HOME PHONE # _____

DATE OF BIRTH ____ / ____ / ____

MALE FEMALE CURRENT GRADE _____ SCHOOL _____

PARENT / GUARDIAN NAME _____

PARENT / GUARDIAN EMAIL ADDRESS _____

2) VOLUNTEER EXPERIENCE WITH FYC SUMMER & WINTER PROGRAMS

PLEASE INCLUDE – PROGRAM / YEAR / COUNSELOR / SUPERVISOR

3) VOLUNTEER EXPERIENCE OTHER THAN WITH FYC SUMMER & WINTER PROGRAMS

PLEASE INCLUDE NAME OF ORGANIZATION / CONTACT PERSON & PHONE NUMBER

