

4) SCHOOL AND COMMUNITY ACTIVITIES THAT I PARTICPATE IN

PLEASE INCLUDE NAME OF PERSON IN CHARGE (TEAMS, CLUBS, ACTIVITIES)

5) IN YOUR OWN WORDS, PLEASE EXPLAIN WHY YOU WANT TO BE A COUNSELOR IN TRAINING.

6) STATEMENT OF ACKNOWLEDGEMENT

I, _____ UNDERSTAND THAT

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE C.I.T. PROGRAM AND THAT ACCEPTANCE INTO THE C.I.T. PROGRAM IN NO WAY GUARANTEES EMPLOYMENT BY EITHER THE SUMMER OR WINTER RECREATION PROGRAMS.

APPLICANT'S SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE

* All applications for the C.I.T. Program, *including the 3 letters of recommendation*, must be received in the FYC Office by Wednesday, May 29, 2019. **NO EXCEPTIONS.**

Farmingdale Youth Council, Inc.

25 Mill Lane

Farmingdale, NY 11735

ATTN: CIT Program

* Applicants accepted into the C.I.T. Program **must** attend a 3 hour training session at the Center / Pool to which they are assigned on Thursday, June 27, 2019.