

APPLICATION FOR COUNSELOR IN TRAINING (CIT) POSITION FOR LYSANDER DAY CAMP

2007 Camp Dates: Monday, July 9th – August 17th

Mandatory Training: July 3, July 5 & July 6

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____ T-SHIRT SIZE: _____

E-MAIL: _____

Grade in School: 8TH GRADE _____, 9TH GRADE _____, 10TH GRADE _____

Previous CIT AT Lysander Day Camp?

Summer 2006 _____ Summer 2005 _____ Summer 2004 _____

ARE YOU CERTIFIED IN ANY OF THE FOLLOWING:

Babysitting Yes _____ No _____ Expiration Date _____

First Aid Yes _____ No _____ Expiration Date _____

Work Experience: List any jobs you have had (babysitting, mowing lawns) & who you worked for

Dates	Contact	Phone	Nature of Work

What contributions do you think you can make at our Camp program? _____

If accepted as a CIT, I realize I will be expected to be responsible and act in an orderly fashion and follow the rules and regulations just as a paid Counselor is expected to.

(Signature of Applicant)

(Date)

I/we as parents of the above, agree to let him/her enroll as a CIT. I/we understand that even though my child is above the age of 14, the Day Camp is still responsible for their behavior. If there are problems at camp, we will be notified and my child could be asked to leave the program if the problem isn't corrected. **I/we also understand that there is a fee of \$10.00 a week for the program. Your payment is due in FULL no later than July 3rd for the weeks that they are attending (example: 3 weeks – amount due is \$30.00 all at once).**

(Signature of Parent)

(Date)

(Over >)

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Please Indicate with an "X" what weeks you will be available to work:

Training	July 3 to July 6	_____
Week 1	July 9 to July 13	_____
Week 2	July 16 to July 20	_____
Week 3	July 23 to July 27	_____
Week 4	July 30 to Aug. 3	_____
Week 5	Aug. 6 to Aug. 10	_____
Week 6	Aug. 13 to Aug. 17	_____

Mail To: Lysander Parks & Recreation
8439 Smokey Hollow Road
Baldwinsville, New York 13027