

Insports

Counselor In Training (CIT) Application

Applicants Information: (Please print all information below)

Name: _____ Gender: M / F D.O.B: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School: _____ Grade: _____

Parent or Guardian Information:

Name(s): _____

Address: _____

Phone Numbers

Home: _____ Cell Phone: _____

Emergency Contacts: (Someone not listed above in the Parent or Guardian Information)

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

Write a short essay describing the following: your interest in this program, why you wish to become a CIT, what you hope to achieve and learn from the CIT program, two strengths and two weaknesses you possess. You may use the back of this page, or attach a separate page if necessary. Submit the application packet no later than April 1, 2017