

Adoptee Camp 2008

Counselor In Training/CIT Application

Applicant Information

Name: _____
Last First M.I. Nametag

Permanent Address: _____
Street City State Zip

Phone #: () _____ Alt. Phone #: () _____ E-mail: _____

School or business address: _____

Phone #: () _____ Fax #: () _____ E-mail: _____

Date of Birth: / / _____ Sex: M F S.S. #: _____
mo day yr

Birth Country: _____ Ethnicity: _____ International Adoptee Transracial Adoptee

Adoption Agency: Holt-USA Other _____

Camp t-shirt size

(please check one) Youth: S M L Adult: S M L XL XXL

I will be 17 years or older at the time of camp. Yes No

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes No

References (please list three references, not relatives)

Name: _____ E-mail: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ E-mail: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ E-mail: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Work &/or Volunteer Experience Related to Children & Teens

Dates	Employer/Supervisor	Address	Responsibilities	Phone/E-mail

Camp Experience

Dates	Camp & Director	Location	Camper, Staff or Other?

Certifications

Please mark those for which you hold current certification and attach a copy of your certification. *(Not a requirement unless applying for position of Lifeguard or Health Staff.)*

Health/Safety

- | | | |
|------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CPR | <input type="checkbox"/> lifeguard | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> first aid | <input type="checkbox"/> nursing | <input type="checkbox"/> other: _____ |
| | <input type="checkbox"/> other: _____ | <input type="checkbox"/> other: _____ |

