



## JCC Summer Camp Shalom C.I.T Application 2015

Please Note: All applicants will be accepted into the program! This form is for us to get to know a little about you before the program starts! There are no wrong answers to the questions.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Facebook Name: \_\_\_\_\_

CPR/First Aid certification? \*Yes\_\_\_ No \_\_\_

How did you hear about the CIT program? \_\_\_\_\_

NLS Certification? \*Yes\_\_\_ No \_\_\_

\*Please supply a photocopy of certificate for all "Yes" questions

**Please answer all the questions below.** Feel free to use additional pages if you need them.

1. Why do you want to be a Counselor in Training at Camp Shalom?


2. Do you have any previous experience leading activities, programs, sports in any capacity?


3. What unique quality can you offer to the CIT program this summer?





Year:	School Name:	Last Grade Completed:

LOCATION-ACTIVITY	DATE	ROLE

NAME	OCCUPATION	Contact Information

X

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