

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 O	CIT program?	NLS	Certification? *Yes No	
			*Please	supply a photocopy of certificate for all "Yes" question	S
	ease answer all the questions b Why do you want to be a Cou			need them.	
<u>2</u> .	Do you have any previous exp	perience leading activi	ties, programs, sports in	any capacity?	
3.	What unique quality can you	offer to the CIT progra	am this summer?		
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4. Which age group are you most in	iterested in wo	orking with? Why?			
5. What is something you hope to I	earn during yo	ur CIT experience?			
6. What are the most important co	mponents of a	child's camp experience?			
EDUCATION Academic & Other (Jewi	sh education, l	anguages, etc)			
Year:	School Name	e:		Last Grade Completed:	
EXPERIENCE (Camps, Clubs & Group	Experiences - P	Participant or Staff. Starting	from more recent)		
LOCA	TION-ACTIVITY	DATE			ROLE
REFERENCES:					
Please submit the names of two adul	ts not related t				
NAME		OCCUPAT	ION		Contact Information
C.I.T dates are June 29 th - July 24 th 20		camp on Tue July 1 st 2015.			
The program is from 9:00am – 3:30pt	n.		v		
			<u>X</u>	Δnnlic	ant's Signature
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