



HAGERSTOWN YMCA

SUMMER CAMP

CIT APPLICATION

CIT Candidate's name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

School: _____ **Current Grade:** _____

Volunteer Experience:

Organization: _____ **Dates:** _____

Organization: _____ **Dates:** _____

Organization: _____ **Dates:** _____

Parent/Guardian Name: _____

Cell Phone: _____ **Email:** _____

Please answer the following questions to help us get to know you better:

1. What would you like to get out of the program as a CIT?

2. How do you think being a CIT is different from being a camper?

3. Please list any clubs, groups, organizations, jobs, sports, or activities that you participate in:
