



HAGERSTOWN YMCA
SUMMER CAMP
CIT Application Checklist

Please complete ALL steps to submit your CIT Application:

STEP ONE

COMPLETE BOTH PAGES OF THE APPLICATION.

Please print responses clearly; or submit a typed version of the questions and answers

STEP TWO

SUBMIT COMPLETED APPLICATION TO THE Y.

Please submit the completed two page application, along with this checklist, to the Y in one of the following ways:

MAIL or DROP OFF TO THE Y:

SCAN AND EMAIL TO:

Deborah Phillips, CIT Camp Director
YMCA of Hagerstown
P.O. Box 1857
Hagerstown, MD 21742

OR

Deborah Phillips, CIT Camp Director
deborahp@ymcahagerstown.org

***Orientation date for C.I.T.'s is June 1, 2017, 6:30-7:30 p.m.**

***Parents please plan to attend as well**

THANK YOU!!

MEMORANDUM

To: CIT Program Participants
From: Deborah Phillips, CIT Director
CC: D.J. Stouffer, Senior Program Director
Date:
Subject: Electronic Device Policy and Dress Code

Electronic Device Policy for CIT Program Participants

Personal use of a cell phone or electronic device (iPod, MP3 player, iPad, etc.) while in camp or representing the Hagerstown YMCA is strictly prohibited.

Dress Code

All CITs shall wear Y t-shirts issued by the director. Appropriate attire shall be worn whenever in the YMCA building and offsite program locations.

Shorts must be appropriate length and must fit properly. No cut offs or very short shorts. You must wear closed toed shoes.

Progressive Discipline

First Offense: Verbal warning by Camp Director, camp staff, or any YMCA employee

Second Offense: Conversation with CIT Director

Third Offense: Phone call home to parent or guardian

Fourth Offense: Immediate removal from CIT program with no refund

By signing below, I acknowledge that I have read, understand, and will comply with the above policies.

Print Name

Date

Signature



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:

4. Please list any experience you have working with children ages 5 – 10 year old?

5. Are there any additional qualities or skills that you feel qualify you for the role of a CIT?

PLEASE NOTE THE FOLLOWING INFORMATION:

- **Summer Fee: \$75 Members \$90 Non-members**
- **CIT Program hours: 9:00 a.m. to 4:30 p.m.**
- **Applicants must be 13 years old or entering at least 9th grade in the fall of 2016 (Eligibility ages 13-15 yrs. old)**
- **Applicants may sign up for four weeks at a time. If openings are available, the weeks may be extended (We will accept 10 students for each week)**

I have read and answered the questions on this application honestly and feel that my participation as a CIT will enhance the program for campers, staff, and fellow CITs.

CIT Candidate's Signature: _____

Date: _____

I have read and reviewed all information on this application and understand the level of responsibility taken on by the candidate named in this application.

Parent/Guardian's Signature: _____

Date: _____



We have a limited number of CIT openings. We accept the strongest candidates who are the most qualified and that demonstrate a desire to learn and grow as both counselors and leaders in our community. Please note that CIT positions do not guarantee a paid-position on staff in following years.