

LIT-CIT Experience Application
JCC of Mid-Westchester

Name: _____ D.O.B. _____ Phone # _____

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

School: _____ Current Grade: _____ Email Address: _____

Parent Name: _____ Parent Email Address: _____

Please check which Camp you wish to work for as a CIT: _____ Gadol _____ SAC

List any **certifications** held (CPR, WSI, Advance Life Saving, First Aid, Lifeguard Training). Please include expiration dates: _____

List any health problems or physical limitations: _____

List any **specialized training or education** related to the position for which you are applying:

List any formal or informal **Jewish Education** experiences:

Camps Attended:

Year	Camp	Year	Camp
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Work Experience:

Dates	Organization	Supervisor's Name	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____

References: List 3 adults who can comment on your level of responsibility and skills.

Name	Phone	Relationship	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been convicted of a felony? ____ Arrested on drug charges? ____ Treated in a resident, outpatient or rehabilitation center? ____ If yes to any of the above questions, please explain fully:

Why are you applying to be a CIT?

What contributions can you make to the CIT Program?

Skills: Please list any special skills which you feel would be relevant to your placement in the CIT program (ie. Art, Music, Dance, Outdoor Activities, Sports, Aquatics, Judaica, Special Talents).

How did you hear about the JCC's CIT Experience Program? _____

Please Read and sign below:

All of the information contained in this application is true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____