

# COUNSELOR IN TRAINING APPLICATION 2010



**For CITs only:**

Please rate in order of preference:  
SESSION #1 [ ] SESSION# 2 [ ]  
SESSION #3 [ ] SESSION #4 [ ]

1. Please fill in the sheet below.
2. Do not attach additional pages.
3. Type or print neatly.
4. **TO BE COMPLETED BY APPLICANT ONLY!!!**

Name \_\_\_\_\_ Grade (Fall '10) \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  
Address \_\_\_\_\_ School (Fall '10) \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_  
City/State/Zip \_\_\_\_\_ Home Number \_\_\_\_\_  
Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_ City Resident \_\_\_\_  
Non-Resident \_\_\_\_  
Work # (Dad) \_\_\_\_\_ Work # (Mom) \_\_\_\_\_

1. 1<sup>st</sup> Site Choice \_\_\_\_\_ 2<sup>nd</sup> Site Choice \_\_\_\_\_ 3<sup>rd</sup> Site Choice \_\_\_\_\_

2. Certificates of Achievement \_\_\_\_\_

3. School and Community Honors \_\_\_\_\_

4. Club and Organizational Membership \_\_\_\_\_

5. Any paid experience (include babysitting, odd jobs, etc.) \_\_\_\_\_

6. Volunteer Experience \_\_\_\_\_

7. Camp Experience (Overnight Camp \_\_\_\_\_ Day Camp \_\_\_\_\_ )

**\*\*\*\*\* PLEASE COMPLETE ADDITIONAL INFORMATION ON REVERSE SIDE \*\*\*\*\***

8. Interests and Hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Last summer I was/did . . .  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. References – Please provide two references. (Suggestions are: teachers, ministers, scout leaders, people for whom you have worked). Please include a telephone number. ***Written references are not necessary.***

1) \_\_\_\_\_ Phone (    ) \_\_\_\_\_

2) \_\_\_\_\_ Phone (    ) \_\_\_\_\_

STAFF COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please indicate what accommodations are needed.  
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