Preston Parks and Recreation - Counselor-In-Training Application								
Name:				DOB (mm/dd/yyyy):				
Address:								
City:		State:				Zip:		
Home Phone:		Cell Phone:		Email:				
Middle School:		Yr. Grad:		High School:			Yr. Grad:	
REFERENCES: List three people, not relatives or peers, who have knowledge of your character, experience and abilities.								
Name		Email			Phone			
1								
2								
3								
<b>EXPERIENCES:</b> List all activities in which you have been involved. i.e. sports, religious groups, music, clubs and/or volunteer activities. ( <i>Please attach additional paper if needed</i> )								
Activity				Location		# of years involved		
CAMP EXPERIENCE:	Have y	ou ever been a ca	amper?	□ No □ Yes (If		yes, list below)		
Name and Location of Camp				Number of Years		Day or Overnight		
CERTIFICATIONS: List	certificatio	ns you hold in: ac	quatics, first	aid, CPR, ba	aby-sitting,	etc.		
Certification					Expires			

Please attach an essay explaining why you would like to be considered for the CIT program and what you hope to gain by being selected.				
Applicants Signature:	Date:			

Please return this completed application to:
Preston Parks and Recreation
389 Route 2
Preston, CT