



Beverly Recreation Department
Lynch Park, 55 Ober Street
Beverly, MA 01915
(978) 921-6067
www.bevrec.com

COUNSELOR IN TRAINING (CIT) & JR. CIT PROGRAM APPLICATION

PERSONAL

Name: (First)	(Middle)	(Last)	DOB:	Age:	Grade in Sept:
Address:		Phone #:	Email:		
Emergency Contact Info:					

POSITION PREFERENCE

We do our best to place you at the location(s) you request, but space is limited and we may only be able to offer you a position at an alternate site. We'll try, but can't guarantee you'll be close to home!

- ☐ ACME Fun Camp
☐ ACME Jr. Camp
☐ Tiny Tykes Camp
☐ Playgrounds (Which park? _____)

VOLUNTEER EXPERIENCE

Have you volunteered for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? _____ For how long? _____	Do you have previous leadership training? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ What did you do? _____
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INTERESTS, HOBBIES & EXPERIENCE

Please list all sports, organized and not, in which you have participated and list names of leagues or schools. Please include any musical/theatrical talents, crafts or hobby skills you have.

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T-SHIRT SIZE:

☐ Small

☐ Medium

☐ Large

☐ X-Large

METHOD OF TRANSPORTATION:

☐ Car (Parent/Guardian driving)

☐ Bike/Skateboard/Walk

WHEN ARE YOU AVAILABLE FOR AN INTERVIEW:

WHAT DATES ARE YOU UNAVAILABLE TO WORK THIS SUMMER:

**BRIEFLY TELL US IN THE SPACE BELOW WHY YOU WOULD LIKE TO BE A
CANDIDATE FOR A CIT OR JR. CIT POSITION:**

LETTER OF RECOMMENDATION: Please provide one letter of recommendation from a teacher, principal, coach, etc.

IMPORTANT INFORMATION: CITs are not paid for their time; the skills and self-confidence they gain are the reward! Participation in the CIT Program IS NOT a guarantee of future paid employment at Beverly Recreation. The number of positions available is limited. Applicants must be 13 by July 1

INJURY WAIVER: I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I have against the Beverly Recreation Department and the City of Beverly, their agents, representatives or assigns for any and all injuries incurred by the above named person during his/her participation in the Beverly Recreation CIT Program.

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

**PLEASE
NOTE**

There is an **\$95.00 fee** for all chosen to participate in the CIT program. **SEND NO MONEY AT THIS TIME.** If your child is selected, you will receive an invoice with payment instructions included. A limited number of scholarships are available for those who qualify.