

SUMMER 2026 COUNSELOR IN TRAINING PROGRAM

CENTER YOU ARE APPLYING FOR

- SALTZMAN WOODWARD PARKWAY
 HOWITT MIDDLE SCHOOL AQUATIC CENTER

COUNSELOR – IN – TRAINING APPLICATION

*Please complete sections 1 – 5. Print all information neatly.
This application must be completed by the applicant.*

1) PERSONAL INFORMATION

NAME _____

ADDRESS _____

HOME PHONE # _____

DATE OF BIRTH ____ / ____ / ____

• MALE • FEMALE CURRENT GRADE _____ SCHOOL _____

PARENT / GUARDIAN NAME _____

PARENT / GUARDIAN EMAIL ADDRESS _____

2) PLEASE LIST ANY VOLUNTEER EXPERIENCE YOU HAVE WORKING WITH CHILDREN. (For Example: Babysitting, Youth Sports Coach, Religious Organization, etc.)

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3) SCHOOL AND COMMUNITY ACTIVITIES THAT I PARTICIPATE IN

PLEASE INCLUDE NAME OF PERSON IN CHARGE (TEAMS, CLUBS, ACTIVITIES)

4) IN YOUR OWN WORDS, PLEASE EXPLAIN WHY YOU WANT TO BE A COUNSELOR IN TRAINING.

5) STATEMENT OF ACKNOWLEDGEMENT

I, _____ UNDERSTAND THAT

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE C.I.T. PROGRAM AND THAT ACCEPTANCE INTO THE C.I.T. PROGRAM IN NO WAY GUARANTEES EMPLOYMENT BY EITHER THE SUMMER OR WINTER RECREATION PROGRAMS.

APPLICANT'S SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE