



# YM-YWHA of Union County

## C.I.T. ENROLLMENT FORM 2019

### (Counselor-in-Training)

501 Green Lane  
Union, NJ 07083  
Phone (908) 289-8112  
Fax (908) 289-8082  
www.uniony.org  
E-Mail: camp@uniony.org

#### Terms and Conditions of Applicants

*(Please check off all boxes acknowledging agreement with statement)*

- Must be entering a minimum of 10<sup>th</sup> grade (age 15) NO EXCEPTIONS
- Must be a "Y" Family Member, (Paid-in-full)
- Must be recommended by Camp Director/Clergy/Teacher– Please attach the letter of recommendation
- First Priority Given to Y Members & Former Y Campers
- At successful completion of the summer, participant will receive a \$300 bonus check.
- Working papers and government payroll forms **are not needed** for this position. CIT's are not considered Staff.
- What Camp are you applying for?  Ahava  Kinoca  Chaverim
- Will you be using the Bus?  Yes  No

Name \_\_\_\_\_  Male  Female

Birthday \_\_\_\_\_ Grade (09/19) \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Jewish Education (Optional) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Tel. # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Doctor \_\_\_\_\_ Tel. # \_\_\_\_\_

Have you ever been a Y camper? \_\_\_\_\_ If yes, when & which division? \_\_\_\_\_

Please list your hobbies, pastimes: \_\_\_\_\_

Please check the activities you can participate in:  Swim  Sports  Music  Drama  Dance  Computer  
 Arts & Crafts  Newspaper  Nature/Science Other \_\_\_\_\_

Do you have any special certifications?  Lifeguard,  CPR,  First Aid,  Sports  Other \_\_\_\_\_

Work history ( if any, babysitting DOES count) \_\_\_\_\_

*List three references with telephone numbers*

Name	Relationship	Tel. #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For Parent(s)/Guardians:**

I, \_\_\_\_\_ understand that my child is a C.I.T. at the Y for the summer. Family Membership must be paid in full by June 21st, the "spot" will not be held after that date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Supervisor:**

Date of Interview \_\_\_\_\_ Paid-in-Full \_\_\_\_\_ Camp \_\_\_\_\_ Supervisor \_\_\_\_\_

*\*Please review and sign the "Terms of Employment". You are bound by the same rules and regulations as all of our Staff Members.*