

# Gloucester Museum School Project Adventure 2010 CIT Application

Name:	
Address:	
City/State:	
Phone Number:	
Cell Phone Number:	
Date of Birth:	
Social Security #	
E-Mail Address:	
New or Returning CIT?	

## Application Instructions

1. This application form needs to be filled out by *all* potential and returning Councilors in Training. This application does not guarantee a CIT position.
2. All CIT Applicants *must be at least 14 years* old during the summer camp session.
3. All potential and returning CITs need to go through the interview and training process.
4. All CITs must provide a completed health form, signed by a doctor or licensed health care provider, which includes certification that you have received the following immunization: MMR (measles/mumps/rubella) and DT/Td (diphtheria & Tetanus). A booster of DT/TD is required if it is more than 10 years has elapsed since last dose.
5. In accordance with Massachusetts's law summer camps are required to obtain a criminal background report on all staff members working with children including CITs.
6. CIT application needs to be signed by both the applicant and their parent or guardian.
7. Mail this application and a letter explaining why you would like to be a CIT to: *Gloucester Museum School Project Adventure; CIT program; PO Box 6046; Gloucester MA 01930*

By signing below, you and/or your parents/guardians agree to be considered for the CIT program run by GMS, agree to the conditions of this application, agree to obtain a criminal (CORI) and sexual offender (SORI) background report from your local law enforcement organization required by law and give a copy to GMS prior to June 10<sup>th</sup>; you also release the camp and all others from all liability in connection with the same and understand that untrue, misleading, or omitted information herein may result in your dismissal, regardless of time of discovery. All medical forms and immunizations forms need to be filled out and returned to GMS prior to June or you will not be able to begin camp, this is a state law and we can not allow any exceptions.

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

Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature Printed Name: \_\_\_\_\_

# Gloucester Museum School Project Adventure 2010 CIT Application

Applicant Name: \_\_\_\_\_

Educational Information:

Name of School: \_\_\_\_\_

Community Service, Sporting Activities, Extracurricular Activities

Activity	Organization	Description of what you do	Dates

Have you previously worked in a summer camp's CIT Program ? \_\_\_\_\_

Dates:	Camp:	Position:

Employment History

Dates	Employer	Address/Phone	Position	Supervisor	Reason for leaving

Certification/ Special Training (First Aid, CPR, Lifeguard, archery, ropes, rock climbing, navigation, small boat handling, etc..)

Certification/Training/Recertification	Date Received	Expiration Date

Considering the camp program and the position applying for and your skills and place a number *1* before those activities you can **Organize & Teach**; a *2* by those you can **assist in teaching** and a *3* by those you are **interested in**.

	Hiking		Swimming Instruction		Lead Singing		Environmental Science/life
	Outdoor Living Skills		Dory Rowing		Storytelling		Ocean Science/life
	Orienteering		Water Related Games		Children's Projects		Other:
	Overnight Camping		Water Safety		Marine Science/life		
	Survival		Ocean Science		Pond Science/life		
	Initiative Challenges		Leather Work		Woodland Science/life		
	Primitive Camping		Pottery/Sculpting		Forestry		
	Rock Climbing/Repelling		Nature Crafts		Earth Science/life		

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Applicant Name:

Tell us about yourself and why do you want a CIT position with GMS Project Adventure Summer Camp? (You may use the back if needed)

What can you offer in terms of your special skills, your interests and talents GMS Project Adventure Summer Camp and its campers? If you are returning, why do you wish to return?

Given the physically challenging nature of GMS Project Adventure Summer Camp do you have any reason to doubt your ability to perform any of the essential elements of this position? \_\_\_\_\_

What session(s) can you attend? \_\_\_\_\_

**References:** *Please do not list relatives. By Massachusetts law GMS needs three written recommendations from your references, which are kept in your file. If you have worked with us in the past and have the three written recommendations then we only need reference to call.*

Name:

Relationship:

Address:

City State:

Phone Number:

Name:

Relationship:

Address:

City State:

Phone Number:

Name:

Relationship:

Address:

City State:

Phone Number: