

Kamp Kaleidoscope CIT Application

Please fill in all questions to the best of your knowledge.

Full Name: _____ Age: _____ Grade: _____

Address: _____ Phone: Home: _____ Cell: _____

Name of School attending: _____

Last day of School: _____ First day of school in Fall: _____

Email: _____ Returning CIT (circle one) YES/No

1. Please indicate your availability this summer (List open if you have an open available schedule)

2. Why are you interested in participating in our CIT program?

3. Please list your hobbies, skills, and/or what sports/extra curricular activities you participate in.

4. What do you believe is the most important part of a CIT position.

Signature

Date