

CIT Name:	Will you be the job required age Yes
Last First Middle	of 15 or over No
Address: No. & Street City State	
Home Tel: () City CIT Cell Tel: (
Current School:	Grade Level:
Parent/ Guardian Name:	Cell Tel ()
Name of Personal Reference:	Relationship to CIT:
Reference Tel: ()	Years reference has known CIT:
Adult camp T-shirt size (please circle): XS S	M L XL
Reason for applying for the CIT internship:	
Dates of two consecutive weeks that you are ava	ilable to be a CIT:
Additional skills or qualifications:	
Past experience attending summer camps:	
Experience working with children:	
Mail to: EFS Summer Camp	Office Use: Resume
Elmwood Franklin School	Health Form
104 New Amsterdam Ave.	Interview
Buffalo, NY 14216	