elmwood franklin summer camp
Think fun.

CIT Application

CIT Name: _____ Will you be the job required age ___ Yes
Last First Middle of 15 or over by 06/01/19 ___ No

Address:_____
No. & Street City State Zip

Home Tel: (___) _____ CIT Cell Tel: (___) _____ CIT Email: _____

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 available to be a CIT:

_____

Additional skills or qualifications: _____

_____

_____

Past experience attending summer camps: _____

_____

_____

Experience working with children: _____

_____

_____

Mail to: EFS Summer Camp
Elmwood Franklin School
104 New Amsterdam Ave.
Buffalo, NY 14216

Office Use: _____ Resume
_____ Health Form
_____ Interview