

Lombard Park District Counselor In Training Program

Application

Date Handed In: _____

Name: _____

Phone Number: _____

Address: _____

Have you been involved in the C.I.T program before? Please circle.

Yes No

Have you had experience with children? Please circle.

Yes No

If Yes, please explain what you did and where.

Please explain why you would be a good choice for the C.I.T program.

Thank you for your interest in the C.I.T Program. After you complete the application please send it or hand it in at Sunset Knoll Recreation Center Attn: Meri Niehaus (820 S. Finley, Lombard). Forms will not be accepted without parent/guardian signature.

Parent/Guardian Signature

Date