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# YMCA OF FREDERICK COUNTY SUMMER DAY CAMP RETURNING CIT APPLICATION

**Application deadline: March 31**  
**Applicants selected: April 30**

CIT Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

CIT Applicant Email: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please answer the following questions to help us get to know you better:**

1. Why do you feel you qualify and could excel as a CIT again this summer?

\_\_\_\_\_  
\_\_\_\_\_

2. List one thing you learned from your CIT experience last year.

\_\_\_\_\_  
\_\_\_\_\_

3. What is something new you could bring to the program this year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any new experiences, certifications, licenses, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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# RETURNING CIT APPLICATION (Page Two)

**Deadline: March 31; Selection: April 30**

## PLEASE NOTE THE FOLLOWING INFORMATION:

- **There are 2 CIT sessions:**  
Session 1 - Weeks 2-5  
Session 2 - Weeks 6-9
- **Applicants must have attended one YMCA camp within the last three years**
- **Session Fee:**  
\$280 for YMCA Household Members  
\$360 for other participants
- 
- **CIT Program hours: 9am - 4pm, Mon - Fri**
- **Applicants must be 13 years old or entering at least 9th grade in the fall**
- **Application deadline: 3/31**
- **Applicants will be chosen by: 4/30**
- **Return form to Evan Bates, CIT Coordinator**  
Mail/Drop off YMCA OF FREDERICK COUNTY, 1000 N Market Street, Frederick, MD 21701  
Email: ebates@frederickymca.org

I have read and answered the questions on this application honestly and feel that my participation as a CIT will enhance the program for campers, staff, and fellow CIT's.

CIT Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and reviewed all information on this application and understand the level of responsibility taken on by the candidate named in this application.

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



We have a limited number of CIT openings. We accept the strongest candidates who are the most qualified and that demonstrate a desire to learn and grow as both counselors and leaders in our community. Please note that CIT positions do not guarantee a paid-position on staff in following years.