## Pelham Parks and Recreation 6 Village Green, Pelham, NH 03076

Phone: (603) 635-2721 Email: recreation@pelhamweb.com

## **COUNSELOR IN TRAINING (CIT) APPLICATION**

Please make sure to *fill out all portions* of this application in as much detail as possible. Return the form to the Parks and Recreation office with the two required letters of recommendation by May 28, 2024. Make sure to sign and have a parent or guardian sign the NH Youth Employment Certificate. Letters of recommendation can come from scout or church leaders, former employers, youth group leaders or coaches, teachers, school personnel, neighbors, etc. (not family members). You must be age 14 or above by July 1, 2024! No exceptions to the age requirement for this program. Birth Certificate required.

## PLEASE PRINT NEATLY:

Name:		_ Age:	(as of 7/01/24)
Full Address:			
Grad Year:	Cell:	T-shirt S	Size:
Email address:			OOB:
	Veterans PVMP 7/8-8/16/24 or _ n-Fri 9:30am-3:30pm - Tot Camp at Raymond Par		
1. Please lis	et any clubs or organizations, if any, you may	belong to:	
2. Please lis	st your favorite hobbies or activities:		

Please list any training or certifications y Course):	ou may have received (First Aid, CPR, Babysitting
4. What are some activities you might like to o	do this summer as a CIT?
5. Please list at least 3 references that we may	contact on your behalf:
Name	Phone
Name	Phone
Name	Phone
will be a selection process after all the application have read and understand the information	n given to me regarding the CIT program and lation stated in this application is true and
Signature of Applicant	
Signature of Parent	<del></del>
Date:	
Print Applicant Name:	