



# 2018 Counselor in Training Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ GPA: \_\_\_\_\_

Number Years Member at Club: \_\_\_\_\_ Number of Years as a CIT: \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Method of Contact: (select ALL that are applicable)  Call  Text  Email

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List 2 Non-Relative References (support your integrity, work ethic, responsibility, etc)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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What experiences have you had with mentoring, helping others, leading a group, etc.?

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

Why do you think you would make a good CIT? \_\_\_\_\_

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

Is there anything else you would like to share about yourself? (extra-curricular participation, accomplishments within or outside of the Club, etc. that you think will help you stand out as an applicant for CIT? \_\_\_\_\_

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

\*\*\*\*\*

Please sign below indicating that the information above is correct and you are committing to the application process for the Boys & Girls Club of Tipton County - Counselors In Training Program.

Club Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the availability calendars attached to this application.**



**BOYS & GIRLS CLUB**  
OF TIPTON COUNTY

Participating in the CIT Program includes regular sessions designed around Character Development, Leadership Development, and Employability Skills.

Please select days and times that you would be available during a **“typical”** week.

Monday

- |   |   |
|---|---|
| <input type="checkbox"/> All Day (9:00a-2:00p)        | <input type="checkbox"/> All Morning (9:00a-11:30a) |
| <input type="checkbox"/> All Afternoon (11:30a-2:00p) | <input type="checkbox"/> Not Available              |
| <input type="checkbox"/> Other _____                  |   |

Tuesday

- |   |   |
|---|---|
| <input type="checkbox"/> All Day (9:00a-2:00p)        | <input type="checkbox"/> All Morning (9:00a-11:30a) |
| <input type="checkbox"/> All Afternoon (11:30a-2:00p) | <input type="checkbox"/> Not Available              |
| <input type="checkbox"/> Other _____                  |   |

Wednesday

- |   |   |
|---|---|
| <input type="checkbox"/> All Day (9:00a-2:00p)        | <input type="checkbox"/> All Morning (9:00a-11:30a) |
| <input type="checkbox"/> All Afternoon (11:30a-2:00p) | <input type="checkbox"/> Not Available              |
| <input type="checkbox"/> Other _____                  |   |

Thursday

- |   |   |
|---|---|
| <input type="checkbox"/> All Day (9:00a-2:00p)        | <input type="checkbox"/> All Morning (9:00a-11:30a) |
| <input type="checkbox"/> All Afternoon (11:30a-2:00p) | <input type="checkbox"/> Not Available              |
| <input type="checkbox"/> Other _____                  |   |

Friday

- |   |   |
|---|---|
| <input type="checkbox"/> All Day (9:00a-2:00p)        | <input type="checkbox"/> All Morning (9:00a-11:30a) |
| <input type="checkbox"/> All Afternoon (11:30a-2:00p) | <input type="checkbox"/> Not Available              |
| <input type="checkbox"/> Other _____                  |   |



**BOYS & GIRLS CLUB**  
OF TIPTON COUNTY

Please place an **X** on days that you already know you would be **unavailable**.

If accepted as a CIT, this document can be updated as your summer plans change. \*Should summer plans change, we just ask that you keep us aware of your anticipated attendance.

MAY/JUNE 2018						
S	M	T	W	R	F	S
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JULY/AUGUST 2018						
S	M	T	W	R	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4