

SUSQUEHANNA TOWNSHIP PARKS & RECREATION



1900 Linglestown Road, Harrisburg, PA 17110 (717) 909-9228 FAX (717) 540-4298 Email: jmichael@susquehannatwp.com Web site: susquehannatwp.com

COUNSELOR-IN-TRAINING APPLICATION

Please print in ink

Section 1: Candidate Information

Last Name	First Name	Middle Initial	
Address (Street, City, State, Zip Code)		 Date of Birth	Age
(33 33 4)			0 -
Telephone Number (including area code)		Email Address	
Current School Attending	Current Grade	Township Resident or	Non-resident
Section 2: Activities and Skills	S		
List your activities and skills:			
List your activities and skins.			
Section 3: Specific Qualification	ons		
What specific qualifications do you ha	ive that would make you a	good candidate for our CIT p	osition?
If you are a returning CIT, what made	you decide to return?		

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Section 4: Personal References (one should be a teacher)

NAME	ADDRESS	TELEPHONE NUMBER
1		
2		
Section 5: Recommenda	tion	
Include with your applica		mendation from a teacher, coach, scoutmaster, ty.
Section 6: Signatures		
CIT Applicant's Signature		Date of Application
_	Parent/Guardian	 Signature
Please be sure you have	filled out all 6 sections of this a	oplication as completely as possible.
_	irector will review this application scheduled for an interview follo	on, along with conducting customary clearance wing review.
Please return this application to:		Jan Michael Summer Programs Director 1900 Linglestown Rd. Harrisburg, PA 17110