

CIT APPLICATION
BARSHOP JCC of SAN ANTONIO
12500 NW Military Hwy., Ste. 275
San Antonio, TX 78231
(210) 302-6869



Name _____ DOB _____ School _____

Last day of school/finals? _____ Dates available: From _____ To _____

Address: _____ Zip _____

Home Phone: _____ CIT Cell Phone: _____ Parent Cell Phone: _____

Parent Email Address: _____

CIT email address: _____

List any certifications held: *(CPR, First Aid, Lifeguard Training, Baby sitting training, etc.)*

Education: *List any specialized training or education related to being a CIT*

Jewish Education: *List all formal or informal experiences*

Camps Attended:

Year	Camp	Year	Camp
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Work Experience:

Dates	Organization	Supervisor's Name	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

References: List three adults who can comment on your level of responsibility and skills

Name	Address/Phone	Relationship	Years Known?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Why are you applying to be a CIT? _____

What contribution can you make to the CIT Program? _____

SKILLS: Please list any other skills which you feel are relevant to being a CIT:

How did you hear about the Jewish Community Center's CIT Program?
___ Parent ___ Friend ___ Camp Brochure ___ Center Peace ___ Other _____

All of the information contained in this application is true to the best of my knowledge.

Applicants Signature _____ Date _____

Registration form: Interview Notes: