

Fairfield Parks and Recreation - Counselor-In-Training Application			
Name:		DOB (mm/dd/yyyy):	
Address:			
City:		State:	Zip:
Home Phone:	Cell Phone:	Email:	
Middle School:	Yr. Grad:	High School:	Yr. Grad:
REFERENCES: List three people, not relatives or peers, who have knowledge of your character, experience and abilities.			
Name	Email		Phone
1			
2			
3			
EXPERIENCES: List all activities in which you have been involved. i.e. sports, religious groups, music, clubs and/or volunteer activities. <i>(Please attach additional paper if needed)</i>			
Activity	Location		# of years involved
CAMP EXPERIENCE:	Have you ever been a camper?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, list below)
Name and Location of Camp		Number of Years	Day or Overnight
CERTIFICATIONS: List certifications you hold in: aquatics, first aid, CPR, baby-sitting, etc.			
Certification		Expires	
Please attach an essay explaining why you would like to be considered for the CIT program and what you hope to gain by being selected.			
Applicants Signature:			Date:

Please return this completed application to:
 Recreation Department
 75 Mill Plain Road, Fairfield CT 06824
 Attention: Ian Sacchi