

Epping Recreation Department CIT Program Application

Applicant's Name: _____ Age: _____ Grade: _____

Address: _____

Parent / Guardian Names: _____

Phone: _____ Parent E-Mail Address: _____

Education:

School: _____ Address: _____

Phone: _____

Previous Work or Volunteer Experience:

Employer: _____

Phone Number: _____ Dates of Employment / Volunteer Work: _____

Position and job duties: _____

Reason for leaving: _____

Employer: _____ Supervisor's Name: _____

Phone Number: _____ Dates of Employment / Volunteer Work: _____

Position and job duties: _____

Reason for leaving: _____

Certifications:

Please check any of the following certifications that you currently have:

CPR

First Aid

Babysitting

Other: _____

Please answer the following questions carefully and thoughtfully:

1. Why do you want to work with youth? Have you ever worked with youth before?

2. What do you consider to be your strengths and weaknesses?

3. What do you hope to get out of this volunteer experience?

Please give the following form to two different references, to be returned with this application. Please do not use family or friends for references. Good people to ask are teachers, principals, coaches and adults you have worked with.