



CHAMBERSBURG MEMORIAL YMCA CIT APPLICATION

Thank you for your interest in the YMCA!

The Y is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly.
- The application must be completed in full with a letter of recommendation attached.
- The application must be completed by the applicant.

Personal Information									
Weeks Available: □ Week 1 (6/5-9) □ Week 2 (6/12-16) □ Week 3 (6/19-23) □ Week 4 (6/26-30) □ Week 5 (7/3-7) *									
□ Week 6 (7/10-14) □ Week 7 (7/17-21) □ Week 8 (7/24-28) □ Week 9 (7/21-8/4) □ Week 10 (8/7-11) □ Week 11 (8/14-18)									
*Camp will be closed July 4th									
Name:			Phone:						
Last	First	MI							
Address:									
Street		City	Sta	te Zip					
Have you worked as a Coun	□ Yes □ No								
Have you previously volunte	□ Yes □ No								
List available days/hours:									
Monday	Tuesday	Wednesday	Thursday	Friday					
Do you have any relatives of	□ Yes □ No								
If yes, name(s) and relationship: How did you hear about this opening? Name of referral source:			☐ YMCA staff referral☐ School☐ Walk-in☐ YMCA website	☐ YMCA member ☐ Advertisement ☐ Agency ☐ Other					

Education & Goals											
Educational Background											
	Name of School	City, State	G	Graduation Year	Degree	9	Post-Secondary				
☐ High School ☐ GED							□ College □ Career □ Other				
Describe your current Ten Year Plan. If you do not have a Ten Year Plan, describe what you are hoping to accomplish in the next few years.											
Safety & Job Specific Certifications											
Type (CPR, First Aid, CDA, etc.)		Provider		Level		Expiration					
Employment 9	. Volumbook Hist	k o ku r		If you have	not worl	ked b	pefore, please mark N/A.				
Telephone / mployer				Dates Employed From:/			Summarize the nature of the work performed and job responsibilities				
Address		L		To:/_							
Job Title			May we contact this employer? ☐ Yes ☐ No								
Immediate Supervisor and Title											
Reason for Leaving						_					
Personal/Prof	fessional Refere	ences									
Name:F			Relationship								
Occupation:			To Applicant:			Years Known:					
Email:			Primary Phone:/								
Name:			Relationship								
Occupation:			To Applicant: Years Known:								
Email:			Primary Phone:/								