



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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 (6/2-6) ☐ Week 2 (6/9-13) ☐ Week 3 (6/16-20) ☐ Week 4 (6/23-27) ☐ Week 5 (6/30-7/3) \*

☐ Week 6 (7/7-11) ☐ Week 7 (7/14-18) ☐ Week 8 (7/21-7/25) ☐ Week 9 (7/28-8/1) ☐ Week 10 (8/4-8) ☐ Week 11 (8/11-15)

*\*Camp will be closed July 4th*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Have you worked as a Counselor-in-Training before? ☐ Yes ☐ No

Have you previously volunteered at this YMCA or another YMCA? ☐ Yes ☐ No

List available days/hours:

Monday	Tuesday	Wednesday	Thursday	Friday

Do you have any relatives or household members currently working for this YMCA? ☐ Yes ☐ No

If yes, name(s) and relationship:

How did you hear about this opening?  
Name of referral source:

- |  |  |
|--|--|
| <input type="checkbox"/> YMCA staff referral | <input type="checkbox"/> YMCA member   |
| <input type="checkbox"/> School              | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Walk-in             | <input type="checkbox"/> Agency        |
| <input type="checkbox"/> YMCA website        | <input type="checkbox"/> Other _____   |

## Education & Goals

### Educational Background

	Name of School	City, State	Graduation Year	Degree	Post-Secondary Goals
<input type="checkbox"/> High School <input type="checkbox"/> GED					<input type="checkbox"/> College <input type="checkbox"/> Career <input type="checkbox"/> 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 & Volunteer History

If you have not worked before, please mark N/A.

Employer	Telephone /	<u>Dates Employed</u> From: ____/____ To: ____/____	Summarize the nature of the work performed and job responsibilities
Address			
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Immediate Supervisor and Title			
Reason for Leaving			

### Personal/Professional References

Name: _____	Relationship	To Applicant: _____	Years Known: _____
Occupation: _____			
Email: _____	Primary Phone: _____/_____		
Name: _____	Relationship	To Applicant: _____	Years Known: _____
Occupation: _____			
Email: _____	Primary Phone: _____/_____		