Counselor in Training Application 2017

111 North Main Street Bristol, CT 06010
(860) 584-6160 | Fax: (860)584-6163 | jessiepetroka@bristolct.gov

Applicant's Name: _____
Parent's Name(s): _____
Address: _____
Parent Phone Number: _____ Grade in Fall:_____
Applicant's Phone Number: _____
Parent's E-mail Address: _____
Applicant's E-mail Address: _____

1. Why would you like to be in the CIT program?

_____
_____
_____
_____

2. What characteristics do you have that would make you an exceptional CIT?

_____
_____
_____
_____

3. What experiences have you had that would help you be an excellent CIT?

_____
_____
_____
_____

4. Is there anything else you would like us to know about you? Special talents?

_____
_____
_____
_____

To be considered for the CIT program you must complete the following requirements by the deadline APRIL 1st 2017.

____ Complete this application form
____ Have a non-relative (coach/teacher) write a reference letter for you

Application and reference letter need to be submitted together in an envelope to the Parks and Recreation office or via e-mail to jessiepetroka@bristolct.gov. All materials need to be received by April 1st to be considered for the program. Upon receipt of completed forms you will be contacted for an in person meeting to discuss eligibility for the program.