



Manchester-by-the-Sea
 Parks & Recreation Department
 10 Central Street, Manchester, MA 01944
 Phone: 978-526-2019 email: manchesterplayground@gmail.com
 www.manchester.ma.us

Counselor-In-Training Application

Name:	First	Last	Cell Phone:
Address:	Street	City	State Zip
Email Address:			Hone Telephone:

Date of Birth: _____ Grade Entering in September: _____

****The Town of Manchester requires all Counselor-In-Training Candidates must have completed 8th grade prior to the start of the Summer Playground Program. Applicants that do not meet this minimum grade requirement will not be considered. CITs can remain Counselors in Training for 2 years only.**

There are 2 sessions for CITs: Session 1 June 24- July 19 _____ and/or Session 2 July 22-August 9 _____

CITs may sign up for one or both of the sessions at a cost of \$100.00 per session. As the summer gets closer CITs will be asked to give their schedule for days they need off and expected to stick to that schedule as much as possible.

EMPLOYMENT/VOLUNTEER EXPERIENCE

(Please begin with most recent experience.)

1. Company/Employer/Person Name	Dates Employed From: _____ To: _____	Position
Address/Phone	Supervisor	Reason for leaving:
2. Company/Employer/Person Name	Dates Employed From: _____ To: _____	Position
Address/Phone	Supervisor	Reason for leaving:

EDUCATION

Name and Address of School	Grade Completed (as of June of the current year)

REFERENCES:

Please provide the names of three (3) people (not related to you) who can attest to your ability to perform the duties/position for which you are seeking employment.

Name	Address	Phone #	How They Know You

