

## 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		Hone Telephone:	
Email Address	<u>.</u>							
2	•							
Date of Birth:		Gr	ade Entering in	Septemb	er:			
start of the Su	ımmer Playgrou	nd Program. Ap		not meet			pleted 8 <sup>th</sup> grade prior to the rade requirement will not be	
There are 2	sessions for (	CIT\$: Session 1 Ju	ne 24- July 19		_and/or	Session 2	July 22-August 9	
							mmer gets closer CITs will be as much as possible.	
			NT/VOLUN			_		
1. Company/Employer/Person Name			begin with most recent exper			Position		
i. Company/L	inployer/Person	rvairie	From:			Position		
Address/Phone			Supervisor			Reason for leaving:		
2. Company/Employer/Person Name			Dates Employed From: To:			Position		
			From:	_ 10:				
Address/Phone			Supervisor		Reason for I		or leaving:	
Page 2 Pa							Grade Completed	
	Nan	or school			(as of June of the current year)			
						(4.5 -	,,	
			REFEREN	CEt.				
Dlegse prou	ide the name	s of three (3)			ט טטנו)	who ca	n attest to your ability	
			h you are seel				in access to your ability	
	Name		Address		Phone #		How They Know You	
							-	
	+							

Using the space provided, briefly explain why you are applying for a CIT position with the Manchester Parks & Recreation Department. Please include any experience and/or personal asset you have that make you a desirable candidate.							
Please check if you hold any of the following certifications:							
CPR: First Aid: Babysitting:							
Would you be interested in getting certified in CPR and/or First Aid?							
would you be interested in getting tertined in CPR dila/or First Ala?							
If CIT's do not hear from a staff member prior to their start date, as long as the							
online registration is complete, and fee is paid they should show up at Playground							
on the Monday morning of their first scheduled day.							
PLEASE READ & SIGN BELOW							
PLEASE READ & SIGN BELOW							
The information provided in my application is true and complete. I understand that any false							
statements on this application may result in my dismissal. I also understand that it is a privilege to be a CIT and if I do not receive a favorable evaluation, I may be asked to leave the program.							
to be a cir and in rao not receive a lavorable evaluation, rinay be asked to leave the program.							
Applicant's Signature: Date:							
All applications should be submitted to:							
Manchester Parks & Recreation							
10 Central Street  Manchester, MA 01944							

Or emailed to manchesterplayground@gmail.com