

Stevens Point Area YMCA
LIT/CIT Application Questionnaire Form

Please fully complete this questionnaire and return it along with the registration/application form.

Participant Name _____ **Grade** _____ **School** _____

Participant Questions

• Have you been a CIT before? ___ YES ___ NO If yes, when? _____

• Have you been a YMCA Summer School Age Care “Great Escape” or Stevens Point Area YMCA Day or Resident Camp participant? ___ YES ___ NO If yes, when? _____

• Why do you want to be a CIT? _____

• What do you hope to gain from going to Training Camp and from being a CIT? _____

• What kinds of leadership and/or camping experiences have you had if any? _____

• Please list any special skills/talents/certifications that you have: _____

• Please list any previous volunteer/employment history:

Organization _____ Supervisor _____ Dates _____

Briefly describe your duties _____

Organization _____ Supervisor _____ Dates _____

Briefly describe your duties _____

Parent/Guardian Question

• Why do you want your child to be a CIT and what are your expectations? _____

I do hereby proclaim that my child has never been convicted of abuse, neglect, sexual assault, or a related charge, against a child, as defined in the Wisconsin Statute. I also understand that my child will be expected to comply with the CIT Job Description, CIT Code Of Conduct and with other polices established from time to time by the organization.

Signature of CIT Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____