



Norwich Recreation Department

*A Division of Norwich Human Services
75 Mohegan Road, Norwich, CT 06360
Phone: 860-823-3791; Fax: 860-823-3830*

COUNSELOR-IN-TRAINING APPLICATION

(Please print and complete this form. Applications can be dropped off at the Recreation Office)

First Name: _____ Last Name: _____

Date: ____/____/____

Address: _____ Town/City: _____ Zip: _____

Phone: _____ E-mail address: _____

DOB: ____/____/____ Grade: _____ (as of Fall '21) Current School: _____

I check my e-mail: Daily Weekly Rarely (Please check only one)

Please answer the following questions. Any questions left blank or incomplete will invalidate the application.

1. Why do you want to be a CIT (Counselor-In-Training)?

2. Do you have experience working with children? If yes, what has it taught you?

3. Do you have experience as a team or group leader? If so, what did you learn from that experience?

4. Who is your role model? What makes him/her a good role model in your opinion?



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5. How would your teachers describe you?

6. What personal traits would make you a good CIT?

7. How do you like to spend your free time? [include extra-curricular activities]

8. What knowledge, skills or abilities would you like to learn or gain from your experience as a CIT?

9. Please include anything else that you would like to know for considering your application.

CIT Applicant Signature: _____ Date: _____