



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Application for CIT Program  
Jerry Long YMCA**

*Personal Information*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

*Application Questions*

1. What do you expect to gain from this CIT experience? Why do you want to become a CIT?

2. Explain a time when you interacted with a child. Has this impacted your choice of becoming a CIT?

**JERRY LONG FAMILY YMCA**

1150 S Peacehaven Road Clemmons, NC 27012

P 336 712 2000 F 336 712 2005 [www.jerrylongymca.org](http://www.jerrylongymca.org) A United Way Agency

Our Mission: "Helping people reach their God-given potential in spirit, mind and body." Financial Assistance available.



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3. What characteristics/abilities do you think a CIT should possess? What are some of those that you bring to the CIT program?

**References:** Please list the names, occupation, and telephone number of 3 references who know you sufficiently well to provide a reference. Please include 1 relative. References may be contacted.

	Reference 1	Reference 2	Reference 3
Name			
Relationship			
Phone			
Street			
City			
State/Zip			

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