



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Application for CIT Program
Jerry Long Family 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 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 | | | |

Please send completed applications to:
Samantha Cook
Engagement Director – Teens
s.cook@ymcanwnc.org

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