



**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 (Adult): _____

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, College and Career Academy Director of Teens
Scan and send via email: s.cook@ymcanwnc.org or
Drop off at Jerry Long Family YMCA
1150 South Peace Haven Rd. Clemmons, NC 27012

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