



TOWN OF WELLESLEY

RECREATION DEPARTMENT

90 Washington St. Wellesley, MA 02481

781-235-2370

Application for Project Extreme C-I-T Program

Date	<input type="text"/>						
Applicants Name (Last)	<input type="text"/>	(Middle)	<input type="text"/>	(First)	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Phone Number	<input type="text"/>	Date of Birth	<input type="text"/>	Grade	<input type="text"/>		
E-mail	<input type="text"/>	Tee Shirt Size	<input type="text"/>				
Mother' Name	<input type="text"/>	Cell Phone Number	<input type="text"/>				
E-mail	<input type="text"/>						
Father's Name	<input type="text"/>	Cell Phone Number	<input type="text"/>				
E-mail	<input type="text"/>						

Sessions

Please indicate which session(s) you are applying for.

Session One: July 8 - July 26

Session Two: July 29 - August 16

Project Extreme hours are 9am - 4:00 pm and you are required to be there the entire day. Family vacations must be approved by the CIT Director or Program Administrator *at the beginning of your session.*

Experience

Please review the following activities. State your experience in each area, how comfortable you would be helping to instruct each area, and any additional information you feel might be helpful.

Describe your experience working with children and/or your summer camp experience.

Describe your experience with Arts & Crafts.

Applicants Name

Please review the following activities. State your experience in each area, how comfortable you would be helping to instruct each area, and any additional information you feel might be helpful.

Describe your experience with Sports (i.e. Basketball, Soccer, Floor Hockey, Lacrosse, Baseball etc.)

Describe your experience with Dance, Drama & Music.

Describe your experience with Nature & Science Activities.

Describe your experience with Swimming and Water Activities.

Please describe any special talents that you have.

Why do you want to be a Counselor In Training?

Please provide two written references. The references can be school teachers, activity leaders, religious leaders or someone who has a known the participant long enough to give an honest statement regarding the participant. Please do not use a family member as a reference. References must be received before application will be considered complete.

Send the references to :

Kevin Ryder
Recreation Department
90 Washington St.
Wellesley, MA 02481