

**United Sports  
Counselor In Training (CIT) Application**

**Applicants Information: (Please print all information below)**

Name: \_\_\_\_\_ Gender: M / F D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent or Guardian Information:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers

Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contacts: (Someone not listed above in the Parent or Guardian Information)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Write a short essay describing the following: your interest in this program, why you wish to become a CIT, what you hope to achieve and learn from the CIT program, two strengths and two weaknesses you possess. You may use the back of this page, or attach a separate page if necessary.

Submit the application packet no later than April 1<sup>st</sup> 2016.