

Counselor-in-Training (CIT) Application

Applicant Information

Full Name:

Age:

Grade:

School Name:

Email (if applicable):

Parent/Guardian Name:

Parent/Guardian Contact Info:

Short Answer Questions

Why are you interested in being a CIT at Creative Arts Workshop?

Do you have any experience working with younger children? (If yes, explain.)

What are your favorite art forms or creative activities?

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What skills or qualities do you think make a great mentor or leader?

Availability (Check all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Parent/Guardian Permission

I, _____, give permission for my child, _____, to participate in the CIT Program at Creative Arts Workshop.

Parent/Guardian Signature:

Date:

Applicant Signature:

Date:
