



Manchester-by-the-Sea
 Parks & Recreation Department
 10 Central Street, Manchester, MA 01944
 Phone: 978-526-2019 Fax: 978-526-2001
 www.manchester.ma.us

Counselor-In-Training Application

Name:	First	Last		Fee:	\$100.00
Address:	Street	City	State	Zip	Home Telephone:
Email Address:					Cell Phone:

Date of Birth: _____ Grade Entering in September: _____

**The Town of Manchester requires that all Counselor-In-Training Candidates must have completed 8th grade prior to the start of the Summer Playground Program. Applicants that do not meet this minimum grade requirement will not be considered. The CIT Program will last for one summer only. After successfully completing one summer of the CIT Program, CITs are permitted to apply for the Summer Playground Internship Program. Playground Interns will need to be accepted into the program and will have increased responsibilities. Interns will include further mentorship in preparation for a possible future Playground Counselor Position.

If your application is considered favorably, on what dates would you be available to work? _____

Are you available for the entire summer? (Late June – Mid August): _____

Please list any days you will need off throughout the summer: _____

EMPLOYMENT/VOLUNTEER EXPERIENCE

(Please begin with most recent experience.)

1. Company/Employer Name	Dates Employed From: _____ To: _____	Position
Address/Phone	Supervisor	Reason for leaving
2. Company/Employer Name	Dates Employed From: _____ To: _____	Position
Address/Phone	Supervisor	Reason for leaving

EDUCATION

Name and Address of School	Grade Completed (as of 6/30/2020)

REFERENCES:

Please provide the names of three (3) people (not related to you) who can attest to your ability to perform the duties/position for which you are seeking employment.

Name	Address	Phone #	How They Know You

Using the space provided, briefly explain why you are applying for a CIT position with the Manchester Parks & Recreation Department. Please include any experience and/or personal assets you have that make you a desirable candidate.

Please check if you hold any of the following certifications:

CPR: _____ First Aid: _____ Babysitting: _____

Would you be interested in getting certified in CPR, First Aid and/or Babysitting?

What is the best time to call you? _____

PLEASE READ & SIGN BELOW

The information provided in m application in true and complete. I understand that, if employed, any false statements on this application may result in my dismissal. I also understand that that it is a privilege to be a CIT and if I do not receive a favorable evaluation, I may be asked to leave the program.

Applicant's Signature: _____ Date: _____

All applications should be submitted to:

Manchester Parks & Recreation
10 Central Street
Manchester, MA 01944