



2020 CIT Interview Questions Form

1436 Long Pond Road, Brewster, MA 02631 • 508-896-4934 • 508-632-6555 fax

Laurel Day Camp

MUST BE COMPLETED BY THE CAMPER • PLEASE PRINT CLEARLY

CONTACT INFORMATION				
Child's full name:	Nickname:			
Parents First and Last Names	Grade entering: <input type="radio"/> Sixth <input type="radio"/> Seventh <input type="radio"/> Eighth <input type="radio"/> Ninth <input type="radio"/> Tenth <input type="radio"/> Eleventh	Birth date: / /	Age:	Gender: <input type="radio"/> M <input type="radio"/> F
Year round address:	City:	Zip Code:		
Parent's Email address:	Home phone:			

INTERVIEW QUESTIONS

Children wanting to participate in the CIT Program must fill out these questions. **Please print clearly.**

1. Why do you want to be a CIT at Laurel Day Camp?

2. What age group(s) would you most like to work with?

3. What do you enjoy about this age group?

4. What do you find challenging about this age group?

5. What activities (pool, arts and crafts, sports, etc) would you most like to work with?

6. What do you think is the biggest strength you bring to the program?

ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge that I understand the CIT Program, both as a camper and helper, and my responsibilities, and that I have answered the above questions on my own, to the best of my ability.

CIT NAME: _____ Date: _____

CIT SIGNATURE: _____ Date: _____