

Episcopal Summer Camp 2008 CIT Application

(MUST BE RECEIVED BY June 1, 2008)

Send to: Carmen Meckman; Diocese of Southwest Fl 7313 Merchant Court, Sarasota, FL 34240

(Please print legibly or type.)

Name _____ Date of Birth _____
Last First M.I.

Address _____
Street City State Zip

Primary Tel. # (_____) _____ E-Mail _____

Cell Phone: (____) _____ Current Church Involvement _____
(Yes / No)

PARISH NAME _____ LOCATION _____

PARISH RECTOR/ YOUTH LEADER _____ PARISH TEL.# _____

IF SO, PLEASE INDICATE WHAT ACTIVITIES: *(Please describe your specific roll in these activities.)*

TELL US ABOUT YOURSELF

Use this space provided to describe why you are interested in becoming a CIT:

Please indicate any particular talents, skills, or knowledge that you feel you can bring to our camp staff.

____ Christian Education	____ Preaching	____ Acolyting
____ Singing / Choir	____ Creative Writing	____ Theatre / Acting
____ Arts / Crafts	____ Nature Study	____ Story Telling
____ Water Safety Instruction	____ Athletics / Coaching	____ Music/Instrumental

Please use this space to elaborate on any other talents, skills, or knowledge that you feel you can bring to our summer camp.

HIGH SCHOOL EXPERIENCE

SCHOOL NAME _____ LOCATION _____

ARE YOU A HIGH SCHOOL GRADUATE _____ LAST GRADE COMPLETED _____
(YES/NO) BY JUNE 2008 (11TH/ 12TH)

IF CURRENTLY IN HIGH SCHOOL, DATE OF EXPECTED GRADUATION _____ / _____
(Month/Year)

If you have attended high school in the last 2 years, please list extracurricular activities that you have participated in: (Please describe your specific roll in these activities.)

EMPLOYMENT / MINISTRY EXPERIENCE (Begin with current or last job held.)

TYPE OF WORK _____ SUPERVISOR'S NAME _____

ADDRESS _____
STREET CITY STATE ZIP

TEL. # (_____) _____ JOB DESCRIPTION _____

DATES EMPLOYED FROM ____/____/____ TO: ____/____/____

MAY WE CONTACT YOUR CURRENT EMPLOYER? _____
(yes or no)

.....
PERSONAL REFERENCES (Please do not list relatives.)

Name _____ Occupation _____
first last

Address _____
street city state zip

Tel. # (_____) _____ Relationship to _____ # of years known

.....
Name _____ Occupation _____
first last

Address _____
street city state zip

Tel. # (_____) _____ Relationship to _____ # of years known