

# Service Academy for Youth

CIT/Counselor Application 2017

Date: \_\_\_\_\_

June 13 – 16, 2017

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: (daytime) \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Personal References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(please use someone else other than Sandy)

## Employment/Education Information:

Are you presently employed? \_\_\_\_\_ How long: \_\_\_\_\_

Where: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Level of Education: \_\_\_\_\_ Grade last completed: \_\_\_\_\_

## General Information:

How did you learn about SAY? \_\_\_\_\_

What experience do you have working with children or youth? \_\_\_\_\_

What age group would you like to work with? \_\_\_\_\_ (This is NOT a guarantee)

Day Camp \_\_\_\_\_ Residential Camp \_\_\_\_\_

What do you feel you have to offer as a positive role model & leader to youth? \_\_\_\_\_

**We do a background check on every counselor working with SAY!**

**Please answer the following questions for background purposes:**

Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's License #/State issued: \_\_\_\_\_ Social Security number: \_\_\_\_\_

This information will not be shared with anyone outside SAY Directors. The dates for SAY this year are. Please make sure you can be here the entire week for camp.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I authorize the individuals listed above to provide you with any pertinent information that they may have. I release all parties and persons from any and all liability for any damages that may result from furnishing such information to you as well as from the use or disclosure of such information by the organization Service Academy, Austin College or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to serve as a counselor.

**Counselors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return application to: Service Academy for Youth/GDS P.O. Box 3173 Sherman, TX 75091**