



COUNSELOR IN TRAINING (CIT)/ VOLUNTEER APPLICATION 2019

Name: _____ Date: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ Gender: _____ Age: _____

Email: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Current Church: _____

School Attending: _____ Grade: _____

Have you submitted an application or volunteered here before? *(Please Circle One)*

No Applied Volunteered

Positions interested in: *(Please Check All That Apply)*

Summer Volunteer Counselor In Training (CIT)

Dates available to work: *(Please Check All That Apply)*

June 3-7	<input type="checkbox"/> Full Day 9-3	<input type="checkbox"/> Half Day 9-12
June 10-14	<input type="checkbox"/> Full Day 9-3	<input type="checkbox"/> Half Day 9-12
June 17-21	<input type="checkbox"/> Full Day 9-3	<input type="checkbox"/> Half Day 9-12
June 24-28	<input type="checkbox"/> Full Day 9-3	<input type="checkbox"/> Half Day 9-12
July 1-5	<input type="checkbox"/> Full Day 9-3	<input type="checkbox"/> Half Day 9-12 (Closed July 4th)
July 8-12	<input type="checkbox"/> Full Day 9-3	<input type="checkbox"/> Half Day 12-3
July 15-19	<input type="checkbox"/> Full Day 9-3	<input type="checkbox"/> Half Day 12-3
July 22-26	<input type="checkbox"/> Full Day 9-3	<input type="checkbox"/> Half Day 12-3

Medical Information:

In case of emergency, contact: _____

Phone: _____ Relationship: _____

Allergies or other medical conditions: _____

I, the undersigned applicant, do hereby agree that I will abide by all the rules and regulations set forth by the faculty members in charge of this program. I will also conform to the other regulations of St. Mark's Episcopal School during the time I am volunteering. I will, in all respects, conduct myself in a manner consistent with the high standards of behavior, which will reflect favorably upon St. Mark's Episcopal School, my family and myself.

Applicant Signature _____



COMMUNITY SERVICE HISTORY

Location Name: _____

City: _____ State: _____

Job Title: _____ Length Involved: _____

Supervisor: _____ Phone Number: _____

Job Description: _____

Location Name: _____

City: _____ State: _____

Job Title: _____ Length Involved: _____

Supervisor: _____ Phone Number: _____

Job Description: _____

Parental Consent

As the parent(s) of the previously signed student, I/we do hereby give approval for said student to attend the specific program, and understand any arrangements that have been made, including manner of transportation, and chaperones, and do hereby release the Episcopal Church of St. Mark the Evangelist from any legal liability.

Signature of Parent/Guardian

Photo Release

St. Mark's Episcopal Church and School is hereby granted permission to use any individual or group photographs taken showing my child(ren) in activities for publicity, brochure, and/or website purposes.

Signature of Parent/Guardian

Please submit completed application to:
Summer Program Director at summerprograms@saintmarks.com