



C.I.T. Application 2009

Mail to: Tammy Capps, Counselor Coordinator
Mission Children's Camp
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Please Print: Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M F
First Middle Last

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Current Phone # ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Permanent Phone # ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ T-shirt size: \_\_S \_\_M \_\_L \_\_XL \_\_XXL

When and where is it best to reach you by Phone? \_\_\_\_\_

Description of Camp:

Camp WeCanDo is a week long camp for children with diabetes and asthma.
Commitment is from June 27-July 3, 2009

My child has my permission to apply for a C.I.T. position with Children First for the camp noted above.

Applicant's Printed Full Name: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL REFERENCES:**

Please list 3 Personal References that you have known for at least 1 year, and can testify to your Personal Character (*NOT a relative or former co-worker*):

1. Name: \_\_\_\_\_ How long you have known this person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ How long you have known this person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ How long you have known this person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

***EXPERIENCE WORKING WITH YOUTH***

Please list any previous experience working with young people

1. Organization: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Position: \_\_\_\_\_ Description of duties: \_\_\_\_\_  
\_\_\_\_\_
  
2. Organization: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Position: \_\_\_\_\_ Description of duties: \_\_\_\_\_  
\_\_\_\_\_
  
3. Organization: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Position: \_\_\_\_\_ Description of duties: \_\_\_\_\_