



Stevens Point Area YMCA LIT/CIT Application Questionnaire Form



Please fully complete this questionnaire and return it along with the registration/application form.

Participant Name _____ Grade _____ School _____

• Have you been a LIT/CIT before? ___ YES ___ NO If yes, when? _____

• Have you been a YMCA Summer School Age Care "Great Escape" or Stevens Point Area YMCA Day or Resident Camp participant? ___ YES ___ NO If yes, when? _____

• Why do you want to be a LIT/CIT? _____

• What do you hope to gain from going to Training Camp and from being a LIT/CIT? _____

• What kinds of leadership and/or camping experiences have you had if any? _____

• Please list any special skills/talents/certifications that you have: _____

• Please list any previous volunteer/employment history:

Organization _____ Supervisor _____ Dates _____

Briefly describe your duties _____

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Parent/Guardian Question

• Why do you want your child to be a LIT/CIT and what are your expectations? _____

I do hereby proclaim that my child has never been convicted of abuse, neglect, sexual assault, or a related charge, against a child, as defined in the Wisconsin Statute. I also understand that my child will be expected to comply with the LIT/CIT Job Description, Code Of Conduct and with other polices established from time to time by the organization.

Signature of LIT/CIT Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____