

Congregation B'nai Israel
Camp Shelanu C.I.T. Application - 2009

Please complete one application per **Counselor In Training (C.I.T.)** Incomplete applications will not be processed.

Deadline: Friday, March 31, 2009



The C.I.T. program is for students entering 9th and 10th grade.
 C.I.T.s have an opportunity to attend camp and receive volunteer experience.
 C.I.T.s will help with camp activities under adult supervision.
 C.I.T.s must be available to work from **9:00 a.m. to 4:00 p.m.**
 C.I.T.s must be available to work a **minimum of 2 sessions.**
 Please mark the session(s) you can attend:

Attend all 5 sessions and receive a discount:	Yes:	<input type="checkbox"/>	\$ 225 fee	
Session 1: July 6 – July 10	Yes:	<input type="checkbox"/>	\$ 50 fee	No: <input type="checkbox"/>
Session 2: July 13 – July 17	Yes:	<input type="checkbox"/>	\$ 50 fee	No: <input type="checkbox"/>
Session 3: July 20 – July 24	Yes:	<input type="checkbox"/>	\$ 50 fee	No: <input type="checkbox"/>
Session 4: July 27 – July 31	Yes:	<input type="checkbox"/>	\$ 50 fee	No: <input type="checkbox"/>
Session 5: August 3 – Aug 7	Yes:	<input type="checkbox"/>	\$ 50 fee	No: <input type="checkbox"/>

In addition, there will be training day(s) before camp begins. C.I.T.'s must be able to attend the training day(s) (to be determined). The training will include Red Cross Certification, First Aid training, CPR training. C.I.T.'s will also receive a C.I.T. program certificate at the end of camp.

SEND APPLICATIONS TO: CBI - Camp Shelanu 3600 Riverside Blvd. Sacramento, CA 95818

C.I.T. Name:
first m. i. last

Birthdate: Grade entering in Fall 2009: Male: Female:

E-mail:

Parent/Guardian 1:	<input type="text"/>	Home phone:	<input type="text"/>
Mailing Address:	<input type="text"/>	Work phone:	<input type="text"/>
City, State, Zip	<input type="text"/>	Cell phone:	<input type="text"/>

Parent/Guardian 2:	<input type="text"/>	Home phone:	<input type="text"/>
Mailing Address:	<input type="text"/>	Work phone:	<input type="text"/>
City, State, Zip:	<input type="text"/>	Cell phone:	<input type="text"/>

C.I.T. lives with: Both Parents: Parent/Guardian 1: Parent/Guardian 2:

Are you a current member of Congregation B'nai Israel? Yes: No: C.I.T. Cell #:

Please describe any allergies or special needs:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF MY C.I.T. IS IN GOOD PHYSICAL HEALTH AND IS CAPABLE OF PARTICIPATING IN CAMP ACTIVITIES, INCLUDING SWIMMING, FIELD TRIPS AND OTHER VIGOROUS PHYSICAL ACTIVITY. I HEREBY AUTHORIZE MY C.I.T. TO PARTICIPATE IN SUCH ACTIVITIES.

Signature of Parent or Guardian: _____ **Date:** _____