



# 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 \_\_\_\_\_  
\_\_\_\_\_

Organization \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates \_\_\_\_\_

Briefly describe your duties \_\_\_\_\_  
\_\_\_\_\_

### 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 \_\_\_\_\_