



Jewish Federation of the Greater San Gabriel & Pomona Valleys

## 2024 CAMP GAN SHALOM COUNSELOR IN TRAINING (CIT) APPLICATION

I am applying to be accepted into Camp Gan Shalom's CIT program (entering 9<sup>th</sup> /10<sup>th</sup> graders) for the following camp sessions: *(Select all that apply)*

### PASADENA:

☐ WEEK 1: June 10 - 14 (No camp June 12&13) ☐ WEEK 2: June 17 - 21 ( No camp June 19)

☐ WEEK 3: June 24 - 28 ☐ WEEK 4: July 1 - 5 (No camp July 4)

☐ WEEK 5: July 8 - 12 ☐ WEEK 6: July 15 - 19

### POMONA:

☐ WEEK 7: July 22 - 26 ☐ WEEK 8: July 29 - August 2

Name: \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1 (Mobile): \_\_\_\_\_ Phone #2 (home (if applicable)): \_\_\_\_\_

Email: \_\_\_\_\_

Name of School: \_\_\_\_\_ School year as of September 2024: \_\_\_\_\_

Parent 1 (Name): \_\_\_\_\_ Parent 2 (Name): \_\_\_\_\_

Parent 1 (Mobile #): \_\_\_\_\_ Parent 2 (Mobile #): \_\_\_\_\_

Parent 1 (Email): \_\_\_\_\_ Parent 2 (Email): \_\_\_\_\_

Name of person to be notified in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Where did you hear about our camp program? \_\_\_\_\_

### Past Camper Experience

Have you been a camper at a summer camp? ☐ Yes ☐ No How many years? \_\_\_\_\_

If yes, please tell us what camps you have attended in the past: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you been in the CIT program or something similar at Camp Gan Shalom, another camp, or school?**

☐Yes      ☐No

If yes, what program and briefly describe your role in a sentence or two: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If yes, what did you like most about the experience, and what is your favorite memory?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to be a CIT at Camp Gan Shalom?**

In the space below, please explain why you want to be a CIT, why you should be accepted into the CIT program this summer, and what you hope to gain from this experience.

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**I affirm that all of the information on this application is true and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant      Date\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent      Date\_\_\_\_\_

**Once completed, email the application to our Camp Gan Shalom Director, Anabella Tornek, at  
atornek@jewishsgpv.org**