



Jewish Federation of the Greater San Gabriel & Pomona Valleys

2026 CAMP GAN SHALOM COUNSELOR IN TRAINING (CIT) APPLICATION

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

PASADENA:

- ☐ Week 1 | June 15 - June 18 (No camp June 19) ☐ Week 2 | June 22 - 26
☐ Week 3 | June 29 - July 2 (No camp July 3) ☐ Week 4 | July 6 - July 10
☐ Week 5 | July 13 - July 17 ☐ Week 6 | July 20 - July 24

POMONA:

- ☐ Week 7 | July 27 - July 31 ☐ Week 8 | August 3 - August 7

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 2026: _____

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? _____

Applicants for the Pasadena location, our location requires all staff and volunteers to be fingerprinted in order to be present on campus with children, is this something you are ok with completing? (Jewish Federation will cover the cost of the LiveScan service)

☐ Yes ☐ No

Jewish Federation, 114A W. Lime Avenue, Monrovia, CA 91016

626.445.0810 | ganshalom@jewishsgpv.org | www.jewishsgpv.org

Past Camper Experience	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

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?: _____

<p>Why do you want to be a CIT at Camp Gan Shalom?</p>

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. Feel free to use additional pages to complete your answer, if needed.

[illegible]

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, Annabella Villegas Tornek, at atornek@jewishsgpv.org