



2023 CAMP GAN SHALOM COUNSELOR IN TRAINING (CIT) APPLICATION

I am applying to be accepted into Camp Gan Shalom's CIT program for the following camp sessions: (*Please circle all that apply*)

Week 1 (June 12 - 16)	Week 2 (June 19* – 23) *No camp June 19	Week 3 (June 26 – 30		/eek 4 (July 3 + – 7) Io camp July 4	
Week 5 (July 10 - 14)	Week 6 (July 17 - 21)	Week 7 (July 24- 28)	W	/eek 8 (July 31 – Aug. 4)	
Name:					
First	Last	Middle Initial			
Date of Birth:	Age:	Gender : Male	_ Female _	Other	
Home Address:		City:		Zip:	
Phone #1 (Mobile):		Phone #2 (home (if applicable)):			
Email:					
	School year as of September 2023:				
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 o	our camp program?				
Past Camper Experience					
rast Camper Experience					
Have you been a camper at	a summer camp? Ye	es No	How man	ny years?	
If yes, please tell us what ca	mps you have attended in t	the past:			
If yes, what did you like mos	st about the experience and	d what is your favorite men	nory?:		
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Jewish Federation of the Greater San Gabriel & Pomona Valleys

2023 CAMP GAN SHALOM - STAFF APPLICATION

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 think you sho program this summer, and what you hope to gain from this experience.	ould be accepted into the CIT				
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I affirm that all of the information included on this application is true and co knowledge.	mplete to the best of my				
Date	Date				
Date Signature of Applicant Signature of Parent					