



CITY OF GARDEN GROVE  
Community Services Department

**COUNSELOR-IN-TRAINING APPLICATION 2020**

(Cost is \$50 plus excursion fee for each week that you are selected to work.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Number City Zip Code

Phone Number: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

T-shirt size (check one):  YL  AS  AM  AL  AXL  AXXL

Name of school attending next fall: \_\_\_\_\_

Why would you like to become a Counselor-In-Training (CIT) for the City of Garden Grove?

What experience have you had that will enable you to perform as a CIT (for example, volunteer or recreation experience)?

I would like to be considered as a CIT for the following week(s) [Please check]:

- 1  2  3  4  5  6  7  8  9  10