Mail to: YMCA Camp Shaver 4901Indian school rd NE Albuquerque, NM 87110 Camp: (575) 829-3572 Cell: (505) 480-7417 pbeam@ymcacnm.org www.campshaver.or

YMCA Camp Shaver

CIT Application

Please print or type your answers. Application will not be accepted if any questions remain unanswered.

Full name	Nickname			
Parent(s) name(s)	Home phone			
Address				
What sessions would you like to attend?	What is your t-shirt size?			
What year of high school are you currently in	? At what school?			
Realizing that being a Camp Shaver CIT often involves extensive physical outdoor activity, is there anything that would prevent you from doing the job?				
How can volunteering at Camp Shaver help y	ou further your career, educational and life goals?			
For our planning purposes, are you CPR/First	Aid certified?			
	or skills?			
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Please rank the activity areas below using the following scale:

- 1. Highly interested in teaching or learning this activity
- 2. Moderately interested in teaching or learning this activity
- 3. Not interested in teaching or learning this activity

Archery	Soccer	Singing	Martial arts
Riflery	Football	Storytelling	Arts and Crafts
Rock Climbing	Basketball	Creative Writing	Painting
Climbing Wall	Lacrosse	Theater/Drama	Leatherworking
High Ropes	Baseball/Softball	Stagecraft/Theater	Pottery
Rappelling	Dodgeball	Gymnastics/Tumblin	Mechanics
Survival	Cooking	Stargazing/Astronom	Dance
No-trace	Outdoor	Photography	Group Games
Fire building	Guitar	Video editing	Hiking/Backpacking
Pioneer living	Piano	Carpentry	Swimming/Lifeguarding

What three activities are you most interested in learning or teaching, and why? 1					
3					
What fears or concerns do you have about volunteering at camp?					
Do you have any issues with your temper or self-control? How do you handle stressful situations?					
Please w	rite a paragraph on a separate piece	e of paper addressing the following questions:			
2. Ir 3. W ir	Thy do you want to be a CIT at Cam n what ways will the camp communi That impact has camp had on your li npact has a positive role model had That do you hope to accomplish this	ty benefit from you being there? fe -OR- if you have never been to camp, what on your life?			
I attest that the information provided in this application is accurate to the best of my knowledge and I have not willfully left out information which could affect a decision to accept me. If accepted, I will perform the duties assigned to me willingly and cheerfully, and will to the best of my ability protect and enhance the good reputation of YMCA Camp Shaver and the YMCA of Central New Mexico.					
Applicant SignatureDate					
I agree to allow my child to volunteer at YMCA Camp Shaver under the prescribed conditions. Upon acceptance to the program, each CIT will need a current, completed Parent Packet and associated forms.					
Parent S	Signature	Date			

YMCA CAMP SHAVER DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, AGE, GENDER IDENTITY, SEXUAL ORIENTATION, OR NATIONAL OR ETHNIC ORIGIN.