## **CYC JUNIOR DIVISION**

**CIT Application Form** 

Name		
Last	First	Middle
Address		
	Street	
City	State	Zip
Email Address		
Phone (Home)	(Cell)	
Date of Birth		
Education: please list anticipated graduation dates if applicab	Ja	
Name and City of School	ne	<u>GPA</u>
<u>Certifications</u>		
□ US Sailing Small Boat Sailor C	ertification Record Book, "Tl	he Little Red Book" complete
□ American Red Cross - First Aid	I/CPR/AED*	
□ NYS Boating Safety Certificate		
`* NYSDOH and CYC JD require class is acquired and/or recertified Boating Safety Course must be co	l within one year prior to the e	ss sponsored First Aid/CPR/AED nd of the upcoming season and NYS
* Additional Certifications Skill		s * Training:
list any you anticipate earning prior to the summer	r in which you are seeking employment	

## **CYC JUNIOR DIVISION**

## **EMPLOYMENT FORM**

## **Leadership History:**

Supervisor	day and 1 Friday a
Phone #  Supervisor Phone #  relatives or former supervisors. one Years Know  ough August 16 <sup>th</sup> , Monday. Tuese some workweek activities (June 1	From / / To / / vn day and 1 Friday a
relatives or former supervisors. one Years Know ough August 16 <sup>th</sup> , Monday. Tuese some workweek activities (June 1	vn day and 1 Friday a
one Years Know ough August 16 <sup>th</sup> , Monday. Tueso some workweek activities (June 1	day and 1 Friday a
some workweek activities (June 1	
you are not available with an explar	nation.
	Dat w our board of directors to verify a ntacting your previous employers

Please attach a summary of your experiences, qualifications, or an explanation of why you believe you would be well suited to the program you are applying for. Include your personal goals as well as goals for the program.