

Mail to:
YMCA Camp Shaver
4901 Indian School RD NE
Albuquerque, NM 87110

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Cell: (505) 929-9626
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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 is your t-shirt size? _____ School? _____

Grade: Fr _____ SO _____ JR _____ SR _____

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 you further your career, educational and life goals?

What are some traits of a good role model? _____

For our planning purposes, are you CPR/First Aid certified? _____

Do you have any other relevant certifications or skills? _____

What three activities are you most interested in learning or teaching, and why?

1. _____

2. _____

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 write a paragraph on a separate piece of paper addressing the following questions:

1. Why do you want to be a CIT at Camp Shaver?
2. In what ways will the camp community benefit from you being there?
3. What impact has camp had on your life -OR- if you have never been to camp, what impact has a positive role model had on your life?
4. What do you hope to accomplish this summer?

Please list all sessions you would like to attend(max 4 weeks). must be complete sessions (session 5 is 2 weeks)

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 Signature _____ Date _____

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 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.