



# GREATER JOLIET AREA YMCA

## 2025 Summer Day Camp Counselor in Training (CIT) Application

☐ C.W. Avery Family YMCA   ☐ Galowich Family YMCA   ☐ Morris Hospital YMCA

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### YOUR CONTACT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### YOUR PARENT OR GUARDIAN'S INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

### EDUCATION

Name of School: \_\_\_\_\_ Grade (Fall 2025): \_\_\_\_\_

What extracurricular activities do you participate in? Which do you like best and why?

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### REFERENCES

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

I have reviewed my child's application and certify that all the above information is accurate to the best of my knowledge.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

-OVER-

Please answer the following questions to the best of your ability:

What is your favorite thing about YMCA Summer Day Camp?

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Why do you want to be a Counselor in Training (CIT)?

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What are three personality characteristics you have that will help you to become a good CIT?

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Please return your completed application and at least two letters of recommendation to the Youth and Family Director at your local branch:

**C.W. AVERY FAMILY YMCA**  
James Wagner  
Youth and Family Director  
(815) 267-8600, ext. 234  
jameswagner@jolietyymca.org

**GALOWICH FAMILY YMCA**  
Tracy Wrase  
Youth and Family Director  
(815) 744-3939, ext. 315  
twrase@jolietyymca.org

**MORRIS HOSPITAL YMCA**  
Jordan Overton  
Youth and Family Director  
(815) 513-8080, ext. 513  
joverton@jolietyymca.org

Applications and accompanying materials must be submitted by Saturday, May 18.