## Twilight Park Leadership & Counselor in Training Application Summer 2013

				DATE	OF APPLICAT	TON:
Name:						
	Last		First		Middle	
Address:						
	Street		(Apt)		City, State	Zip
Summer Address:						
		Street			City, State	Zip
Contact Information:	(	)		( )		
		Home Telephon	е	Mobile		Email
Birth date:		Paren	ts e-mail:			
Check each Week you	are A	vailable this Sui	mmer			
Week 1 June		Week 4.1	uly 15 -19		Week 7 Aug 5-9	
Week 2 July		Week 5 J			Week 8 Aug 12 -16	
Week 3 July 8	-		uly 29 – Aug		Wook o / kag 12 10	
					3	
<b>EDUCATION</b>						
Name and Location						Grade in Fall 2013
Middle School						
High School						
Specialized Training, Certifications						
Awards, Recognitions						
Please list, sports, extr	a circu	ular activities, h	obbies or oth	er things yo	ou like to do:	

Please list any work experience including babysitting or supervising younger children					
What do you hope to get out of the Twilight Park CIT / Leadership Program ?					
References -List two personal CIT / LIT Program )	or professional references, ne	ot related to you (only if this is your first year in the			
Name	Phone	Years Known			
E-mail address					
Name	Phone	Years Known			
E-mail address					
Please Read Before Signing:	<u> </u>				
		n is true and complete to the best of my knowledge r the integrity of this application.			
employment or educational red in any respect if I am not accep	cord. I agree that Twilight Park oted into the Program, or if dis is application. If accepted into	d as references to give any information regarding and my previous employers will not be held liable emissed because of false statements, omissions, or the Twilight Park CIT / LIT Program, I will comply			
Signature		Date			

Either e-mail the application to <a href="mailto:mehergmj@centurylink.net">mehergmj@centurylink.net</a> or if mailing send before June 1 to Mary Jane Meherg 410 Citrus Lane Maitland, Florida, 32751.