



Sharon Recreation Department

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C. I. T. APPLICATION SUMMER 2017

Name: _____ D.O.B. _____

Address: _____ Town: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-Mail Address: _____

Parent's Name(s): _____

What interests you in becoming a CIT for Camp Massapoag?

What week(s) are you applying for?

What age level are you most interested in working with?

Describe any relevant work, education, or personal experiences that help prepare you for the type of work involved in being a CIT. (ex. babysitting, tutoring, etc.)

Sign: _____ Date: _____
