

## Winnipeg Beach Day Camp CIT APPLICATION FORM

- 1) Complete Your CIT Application
- 2) Fill out the parental consent form

Please print and submit your completed application forms to:

WBDC c/o Jacqui Cohen

944 Queenston Bay

Winnipeg, MB R3N 0Y2

Or email: [winnipegbeachdaycamp@hotmail.com](mailto:winnipegbeachdaycamp@hotmail.com)

Applicant Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_

(Evening) \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade Level Completed: \_\_\_\_\_

Special Training or Certifications:

\_\_\_\_\_

Emergency Contact:

1. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_

**IMPORTANT:** Do you have any allergies? Do you require an epi-pen? If so, where do you keep it?

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Do you have asthma? Do you carry medication for it?

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Any other health or medical concerns that we should be aware of?

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Doctor's name: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

**Answer the following:**

Why do you want to be a CIT at Winnipeg Beach Day Camp?

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Do you have any previous volunteer experience or experience working with children?

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Please tell us about your hobbies, skills and interests.

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How did you hear about volunteering for Winnipeg Beach Day Camp?

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All of the information given is true to my knowledge.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_