



Animal Adventures

Counselor In Training (CIT) Program Application

Today's date: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

E-Mail: _____ Age: _____

Have you ever had any animal responsibilities?

Do you have any health limitations that would affect your CIT placement? (If so, please explain)

Do you have any allergies? (Please list)

Have you ever been to Animal Adventures Camp?

How did you hear about the CIT program?

*Please send this application along with short essay to