

CIT APPLICANT SUPPLEMENTAL INFORMATION

Applicant's Name _____

ACTIVITIES

PLEASE EVALUATE THE FOLLOWING LIST OF ACTIVITIES:

ONE CHECK √ IF YOU ENJOY THE ACTIVITY AS A PARTICIPANT
 TWO CHECKS √√ IF YOU ARE SUFFICIENTLY SKILLED IN THE ACTIVITY TO ASSIST
 THREE CHECKS √√√ IF YOU HAVE EVER BEEN THE LEADER/FACILITATOR OF A GROUP OR BELIEVE
 YOU CAN LEAD THE GROUP

_____ All Camp Programs	_____ Kayaking
_____ Aerobics	_____ Music (please specify instrument)
_____ Animate Camp Dances	_____ Nature Walks
_____ Arts & Crafts	_____ Office Skills
_____ Astronomy	_____ Magic
_____ Ball Hockey	_____ Mother's Helper
_____ Baseball	_____ Newcombball
_____ Basketball	_____ Orienteering
_____ Battle of the Bands	_____ Photography
_____ CampCraft	_____ Radio Show
_____ Canoe Tripping	_____ Science Demos
_____ Care for Animals	_____ Organize Sports Tournaments or House Leagues
_____ Coffee Houses	_____ Referee a Sporting Activity (please specify)
_____ Cooking	_____ Shabbat Services
_____ Costume Making	_____ Sailing
_____ Dance (please specify type)	_____ Singing
_____ DJ	_____ Soccer
_____ Drama	_____ Swimming
_____ First Aid	_____ Tennis
_____ Fishing	_____ Volleyball
_____ Fitness Training	_____ Waterskiing
_____ Football	_____ Windsurfing
_____ Gymnastics	_____ Stand Up Comedy
_____ Havdallah	_____ Storytelling
_____ Hiking	_____ Videography
_____ Israel Programming Content	_____ Yoga
_____ Creative Jewish Programming	_____ OTHER _____

ACCREDITATION

PLEASE LIST ANY VALID ACCREDITATION/CERTIFICATION THAT YOU HAVE RECEIVED AND SUBMIT A PHOTOCOPY WITH THE APPLICATION (E.G. SPORTS, SWIMMING, CPR, FIRST AID, COACHING LEVELS, ETC.)

WHAT ARE YOUR EXPECTATIONS OF THE CIT PROGRAM AT CBB OF OTTAWA?
