



**LEADER IN TRAINING PROGRAM (LIT) AND THE
COUNSELOR-IN TRAINING PROGRAM (CIT)
APPLICATION FORM - 2012**

APPLICANT INFORMATION:

First Name: _____ Last Name: _____

Age: _____ (you must be 14 by September 1, 2012 to apply for the LIT program
and 15 by September 1, 2012 to apply for the CIT program)

Gender: _____

Address: _____ Telephone #: (_____) _____

_____ Birth date: _____

e-mail _____

EDUCATION HISTORY

School _____ Grade completed _____

EMPLOYMENT HISTORY and EXPERIENCE WORKING WITH CHILDREN (attach a separate sheet if you
require more space)

OTHER SKILLS, ABILITIES and/or TRAINING(i.e. swimming, lifeguard, first aid, musical instrument, etc.)

**TELL US WHY YOU WOULD LIKE TO PARTICIPATE IN THE COUNSELLOR IN TRAINING OR
YOUTH LEADERSHIP PROGRAM AT UNICAMP**

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU?

REFERENCES

_____ telephone _____

_____ telephone _____

WHAT THREE THINGS WOULD YOU LIKE TO LEARN AS A LEADER IN TRAINING AT UNICAMP?

