

**TOWNSHIP OF MANALAPAN  
PARKS & RECREATION  
120 RT. 522 & TAYLORS MILLS ROAD MANALAPAN, N.J. 07726  
(732) 446-8355**

RECREATION ADVISORY BOARD

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SUPERINTENDENT OF  
PARKS & RECREATION  
Mona Cholowinski

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**2018 COUNSELOR IN TRAINING APPLICATION**

**Due Friday, April 6th**

Interview Dates TBA

**PERSONAL INFORMATION (Print Clearly)**

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

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

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

\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

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

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

**VOLUNTEER/EMPLOYMENT HISTORY:**

List all clubs and extracurricular activities you have participated in.

\_\_\_\_\_

List any awards you have received.

\_\_\_\_\_

List any volunteer and/or employment experience.

\_\_\_\_\_

\_\_\_\_\_

List any Manalapan Township volunteer services performed by your parents.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CANDIDATE QUESTIONS:**

Explain why you want to work with children.

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Describe all of your experience dealing with children.

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Describe why you would like to become a CIT.

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Describe the skills you would like to develop as a CIT.

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**REFERENCES:**

Please list two references (not including family members).

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

Relationship: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION:**

I give permission for my son/daughter to participate in the Manalapan Parks & Recreation CIT program. **I understand that my child's successful participation in the CIT program does not imply that they will automatically be hired as a counselor the following camp season.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_