

COUNSELOR-IN-TRAINING FORM

NAME: _____

ADDRESS: _____

PHONE NUMBERS: Home: _____

Cell: _____

EXPERIENCE: _____

HOUR(S)/DAY(S) AVAILABLE:

***I AGREE TO HOLD IN CONFIDENCE ANY PERSONAL
INFORMATION ABOUT ANY CHILD AT THE BRISTOL SUMMER
FUN PROGRAM.***

SIGNATURE

DATE: _____

PARENT SIGNATURE: _____