



Animal Adventures

Counselor In Training (CIT) Program Application

Today's date: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

E-Mail: _____

What grade are you going into this fall?

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?

How did you hear about the CIT program?

*Please send this application along with short essay and reference to
Animal Adventures 336 Sugar Road Bolton, MA 01740 attn: CIT