



## Uniontown YMCA 2026 Counselor In Training Application

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly.
- The application must be completed in full with a letter of recommendation attached.
- The application must be completed by the applicant.

Full Name:			
Preferred Name (optional):		Email:	
Phone:		Age/DOB:	
Street Address:			

### Availability Information:

Weeks Available:

- Week 1 (6/8-12)    Week 2 (6/15-19)    Week 3 (6/22-26)    Week 4 (6/29-7/3)  
 Week 5 (7/6-7/10)    Week 6 (7/13-17)    Week 7 (7/20-24)    Week 8 (7/27-7/31)  
 Week 9 (8/3-7)    Week 10 (8/10-14)    Week 11 (8/17-21)

### Experience/Background Information:

Have you worked as a Counselor-in-Training before?

- Yes                                       No

If Yes, Where: \_\_\_\_\_

Have you previously volunteered at this YMCA or another YMCA?

- Yes     No

If Yes, for what department: \_\_\_\_\_

**Certifications & Training (MUST ATTACH COPIES IF CHECKING A BOX)**

CPR/AED    First Aid    Lifeguard    Water Safety Instructor (WSI)

Child Abuse Prevention    Mandated Reporter    Food Handler

Other: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Professional/Personal References**

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

Occupation: \_\_\_\_\_

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

Relationship To Applicant: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

Relationship To Applicant: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_

\*Can email application to [youth@uniontownymca.org](mailto:youth@uniontownymca.org)

**BELOW THIS LINE IS FOR YMCA STAFF TO COMPLETE ONLY**

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Reference Check Completed    Interview Scheduled