



## Bonjour NOLA Counselor In Training Application\*

For students entering grades 6 - 9

Submit via email to [bonjournola@ifno.org](mailto:bonjournola@ifno.org) no later than March 30, 2018

Applications will reviewed on a rolling basis

**Please fill in the following information:**

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

Your Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your E-mail address (if you have one, if not a parent's email address we can use to contact you):

\_\_\_\_\_

Parent name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent email: \_\_\_\_\_

Are you a student at Lycée Français (circle one)? Yes No

Name of School You Attend if not LFNO: \_\_\_\_\_

What grade are you entering in Fall 2018? (circle one) 6 7 8 9 10 11 12

I wish to work with campers entering grades: (rank in order of preference)

\_\_\_K \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5

I wish to help with (circle one): Session 1 Session 2 Both sessions

**Please write 2 – 3 sentences to answer each of the following questions:**

1. What personal qualities do you have that will be helpful to you as a Counselor In Training?
2. Why are you interested in becoming a Counselor-in-training at Bonjour NOLA?
3. Describe past employment and/or volunteer experiences. If you have no formal experience, please describe responsibilities you have successfully performed at home or school.

**List two unrelated adults whom we may contact for personal references.**

1. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Parents of CITs must also complete online registration at [ifno.campbrainregistration.com](http://ifno.campbrainregistration.com) once the CIT has been accepted.



\*Parents of CITs must also complete online registration at [lfn0.campbrainregistration.com](http://lfn0.campbrainregistration.com) once the CIT has been accepted.