



2026 CIT Volunteer Application

Thank you for your interest in volunteering to be a CIT for the Cromwell Recreation Department's Camp Cromwell. Please fill out the form below and return this completed form to the Recreation Department at recreation@cromwellct.com.

Name: _____

Address: _____

Phone Number: _____ Email: _____

School: _____ Grade: _____
(if applicable)

Organizations/Clubs/Programs Involved With:

Certifications: _____

Experience (any relevant information for what you are volunteering for):

Reference:

I am aware of the nature of this activity, and I hereby assume responsibility for myself as a volunteer. I will not hold the Town of Cromwell, the Recreation Department, and/or its employees or agents responsible in case of any accident or injury as a result of participation. I hereby further agree to indemnify and hold harmless the Town of Cromwell from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with participation in any Recreation Department activity, program or event.

Signature: _____ Date: _____

PLEASE ATTACH A SHORT PARAGRAPH AS TO WHY YOU ARE APPLYING TO BE A CIT.



VOLUNTEER EMERGENCY CONTACT INFORMATION

Name: _____

Contact 1

Name: _____

Relationship: _____

Phone Number (Work): _____

Phone Number (Home): _____

Phone Number (Cell): _____

Contact 2

Name: _____

Relationship: _____

Phone Number (Work): _____

Phone Number (Home): _____

Phone Number (Cell): _____