



**James A. Michener Art Museum  
Counselor-in-Training Programs for Teens  
JAMAM CIT APPLICATION  
DUE MAY 1**

**APPLICANTS WILL BE CONTACTED AFTER THE APPLICATION  
DEADLINE FOR AN INTERVIEW AND/OR ORIENTATION.**

**A program participation fee of \$75.00 is payable  
upon acceptance into the program.**

**PLEASE PRINT**

**Complete the JAMAM CIT APPLICATION and mail to: Ruth Anderson, Assistant Curator of Education, James A. Michener Art Museum, 138 South Pine Street, Doylestown, PA 18901. Please call 215-340-9800 ext. 126 or email [randerson@michenerartmuseum.org](mailto:randerson@michenerartmuseum.org) for more information.**

Name: \_\_\_\_\_ Birth date : \_\_\_\_\_  
Address (city, state, zip code): \_\_\_\_\_

School: \_\_\_\_\_  
Grade (Fall 2009): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact / Number: \_\_\_\_\_

**Short Essay: Why do you want to be a Counselor-In-Training at one or more of the James A. Michener Art Museum summer camps? Please answer in a paragraph on a separate sheet of paper and attach to this application.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

**Ask a teacher to recommend you for this CIT position. They should email a note of support to: [randerson@michenerartmuseum.org](mailto:randerson@michenerartmuseum.org)**

**In addition, the museum needs you to complete the attached medical emergency form for us to have on file in the event of an emergency at camp. Additional medical forms are available online at [www.michenerartmuseum.org](http://www.michenerartmuseum.org) and must be submitted with your application.**

**Continue on next page...**

## CIT Application, continued...

**Indicate which session you are interested in applying for (You may choose more than one, but you must commit to at least one full session.) The enclosed summer camp flyer or the camp program offerings on our website will help you learn more about the classes.**

### **For the Younger Set:**

- June 19 to July 23 Fabulous Fives (D) **Indicate AM or PM**  
 July 10 to August 14 Summer Saturdays (Saturdays AM only) (D)

### **New Programs!**

- June 25 Winter in June! (D) All Day  
 July 12 to 15 Sculpture (D) **Indicate AM or PM**  
 August 16 to 20 All About Art (D) All Day

### **Drawing and Painting, ages 6 to 9 (PM) and 10 to 13 (AM) Indicate AM or PM**

- June 28 to July 2 Plein Air for Kids (D)  
 July 5 to 9 Imagination (D)  
 July 19 to 23 Keeping a Sketchbook (D)  
 July 26 to 30 Landscapes and Seascapes (D)  
 August 2 to 6 People and Animals (D)  
 August 9 to 13 The Renaissance (D)

### **Graphic Arts for Teens and Tweens:**

- July 5 to 9 Comic Books (D) AM  
 July 5 to 9 Intro to Anime (D) PM  
 August 2 to 6 Comic Books (D) AM  
 August 2 to 6 Anime and Manga (D) PM  
 June 28 to July 2 Fashion Design 1 (D) All Day  
 July 12 to 16 Fashion Design 2 (D) All Day  
 August 9 to 13 Fashion Design 3 (D) All Day

### **Off Site (OS), 2 week, full day Classes:**

- July 5 to 16 Plein Air for Teens (Guenste/Hertzel Studios, Chalfont)  
 July 5 to 16 Folk Arts: Art, Music and Drama at Pine Run Elementary

### **Evening Programs, 6:30 to 8:30:**

- July 7 Under the Stars: Drawing (D)  
 July 15 Under the Stars: African Drumming Circle (D)  
 August 4 Under the Stars: Plein Air for Kids (D)

### **(D) Doylestown Michener**

Yes! I am also interested in helping with classes on weekends during the school year.

**See attached page for further information about offsite locations.**

**Continue on next page...**

**James A. Michener Art Museum**  
**Summer Camp Programs**  
**CIT Medical / Health Form**



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Cell phone(s): \_\_\_\_\_

Is child taking medication? Yes No Name of Medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number / ID Number: \_\_\_\_\_

Medical conditions we should know about: \_\_\_\_\_

Person other than parent picking child up: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

In case of medical emergency, I understand that every effort will be made to contact the parents or guardian. In the event I cannot be reached, I hereby give permission to the James A. Michener Art Museum to secure proper treatment as designated by a physician or Doylestown Hospital for \_\_\_\_\_ (child's name).

Field trips: I give permission for my child, \_\_\_\_\_, to participate in trips sponsored by the Michener Museum.

Parent's printed name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**James A. Michener Art Museum  
CIT Application  
Summer Camp Locations**



**Listed below are the addresses for our summer camp locations. The best way to get directions from your house to see where the camps are and how long it would take you to get to each location is to use your favorite Internet map / directions service. We hope this is helpful.**

**Doylestown (D):**

James A. Michener Art Museum  
138 South Pine Street  
Doylestown, PA 18901  
215-340-9800

**Off Site (OS):**

Plein Air for Teens  
Guenste/Hertzel Studios  
202 King Road  
Chalfont, PA 18914

Folk Arts: Art, Music and Drama at Pine Run Elementary  
Pine Run Elementary School  
383 West Butler Ave.  
New Britain, PA 18901