



Counselor in Training Application

Take advantage of this unique opportunity to be a C.I.T (Counselor in Training) within our Super Swanton Summer Programs. During this program, participants will create meaningful relationships, engage in leadership opportunities and gain hands-on experience working within a camp setting.

What is a C.I.T.?

- C.I.T.'s are older campers in a unique leadership program, that assist Counselors, Directors and other staff with the day to day operations of summer camp

Interested applicants must be 13-15. Our program is inclusive, applicants of all abilities are encouraged to apply.

Applicants must meet minimum requirements:

- Applicants must be age 13-15
- Applicants will have a positive attitude, and be able to communicate with counselors, supervisors and directors.
- Ability to stay with the group and follow basic rules and safety instructions
- Ability to independently attend to their personal care needs
- Ability to manage own behavior with minimal staff intervention
- Ability to manage personal belongings
- Ability to make simple choices
- A desire to participate in group activities

Swanton Recreation Commission is excited for all of the great experiences you will have as a C.I.T. As you make friends with other C.I.T.'s, you will quickly realize you are part of a special team whose members share a common bond - fond memories of summer and a desire to give back to our community. Swanton Recreation Commission will do its best to provide all the necessary support and encouragement during your training experience.



Name:

Pronouns:

D.O.B

Address:

Email:

Phone #:

School/Grade

Emergency Contact:

Name:

Phone #

Relationship

Have you attended day camp before?

Please list 3 of your hobbies or talents

Please list 3 qualities that make you a good candidate for a C.I.T. role:

Please describe any work or volunteer experience:



Please list an example of something you are proud of, maybe something challenging, that you were able to do because of hard work and being responsible?

How do you think being a C.I.T. is different from being a camper?

Why do you want to be a C.I.T.?

Any additional information you would like to share with us?

Please list 2 references: A reference is someone who knows you well and would recommend you for this program. References can be teachers, coaches, mentors, employers, counselors or family friends.

Name

Email

Relationship



Please check the camp sessions that you are interested in attending

- 7/10-7/14 12p - 4p
- 7/17-7/21 12p -4 p
- 7/24-7/28 12p -4 p
- 7/31-8/4
- 7/31-8/4 8a - 12 p 7/31-8/4 11a- 3p
- 8/7-8/11 8a- 12 p 8/7- 8/11 11a -3 p

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, AND DISCHARGES SWANTON RECREATION COMMISSION, their directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or their personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the above names , whether or not caused by the negligence and/or property of Swanton Recreation Commission, their directors, officers, employees, agents, and independent contractors.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, DUE TO THE NEGLIGENCE OF SWANTON RECREATION COMMISSION, their directors, officers, employees, agents, and independent contractors or otherwise the about the above-named Participant being in , upon or about the premises of Swanton Recreation Commission and/or while using the premises or facilities or equipment thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs and/or video of themselves and/or the above-named Participant by Swanton Recreation Commission during recreation classes or activities to be used at the Commissions reasonable discretion.
4. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.
5. I CERTIFY that I am a custodial parent or legal guardian of the above-named participant

C.I.T.'s name

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Parent/Guardians contact info