



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Applicant,

Enclosed please find the Counselor in Training (C.I.T.) application and the Camp Registration Packet. Please complete the application and return all documents to:

**C.I.T. APPLICATIONS
Raritan Bay Area YMCA
365 New Brunswick Avenue
Perth Amboy, NJ 08861**

If you have any questions, please contact the Y at 732.442.3632 Monday through Friday 9:00 am to 6:00 pm. We will be happy to assist you. We cannot process your application until all materials are returned including your three references. The Program Director will contact you once all paperwork has been returned for an interview.

Thank you for your interest in the Counselor in Training program and we look forward to seeing you soon!



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COUNSELOR IN TRAINING PROGRAM

WHAT IS THE COUNSELOR IN TRAINING PROGRAM?

The Counselor In Training Program is designed to give selected students (13-15 years of age, grades 8 thru 10) the opportunity to learn and develop leadership and program skills while in the Summer Day Camp Program. This program is for those students who are interested in learning about leadership and responsibility. The program consists of training and actual work experience with a small group of campers under the supervision of a YMCA staff person. **Maturity and a sincere desire to work with children are essential.**

THE PROGRAM:

This is a nine (9) week program. Through supervised group leadership opportunities, C.I.T.'s learn the skills and responsibilities necessary to become a leader by participating in all camp events. While in the program, C.I.T.'s develop values, environmental awareness, camping skills and the confidence necessary to make the transition from camper to counselor. It is essential that all C.I.T.'s attend the entire 9-week program. **Participation in this program does not guarantee being hired as staff. Campers take from the program what they put into it.**

WHAT IS THE ROLE OF THE C.I.T. IN THE DAY CAMP PROGRAM?

- A. The C.I.T. is not a counselor. When C.I.T.'s are working with campers, they will be assisting. A member of the YMCA staff will always be present and supervising.
- B. The C.I.T. will meet with the C.I.T. supervisor each day. The remainder of the day will be spent in activities.
- C. Reports will be given on a weekly basis.

STAFF TRAINING:

CIT's will be exposed to an extensive training program during camp. Learning opportunities include, but are not limited to pool safety, medical and health problems (what to observe and what to do), fire safety, an explanation of planning for and participation in games and other activities to be used with the campers, playground safety, child abuse prevention, and transportation safety. These sessions will be led by the CIT Unit Leader and members of the YMCA family who have an expertise in leadership programs.

PREREQUISITES

- Age: *You must be 13-15 years of age and have completed eighth grade.
- Interest: *A completed application demonstrating your interest in the program and written essay
- *An interview with the Camp Director and/or C.I.T. Unit Leader (you will be notified to schedule an interview)
- *Three (3) references. The references should be **two** people (other than relatives)- For example: Teachers, Scout Leaders, Guidance Counselors, Family for whom you baby-sat, Coaches, former employers, etc.) and **one** relative who can evaluate your capabilities as a potential counselor.



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COUNSELOR IN TRAINING PROGRAM APPLICATION

All Counselor In Training applications must be received with a completed packet: CIT Summer Camp application, written essay and three references.

Today's Date ____/____/____

Name: _____ Age: _____

Sex: _____ Date of Birth: ____/____/____ Current Grade: _____

School Attending: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cellular Phone No.: _____

Parent/Guardian Name: _____

Emergency Contact Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Telephone: _____ Cellular Phone No.: _____

How did you hear about the CIT program? _____

Have you participated in a CIT training program before? _____

Please answer the following questions in essay format, minimum of one page typed double-spaced per answer.

1. How did you hear about the Y's C.I.T. program and why would you like to be a C.I.T. at the Y?
2. Are there any experiences, skills or qualifications, you feel would especially fit you for inclusion in this program?
3. Why should you be accepted into the Counselor in Training Program at the Y?

Please read carefully and sign:

I understand if I am accepted into YMCA Summer Stars Day Camp C.I.T. Training Program, I will be expected to act in a responsible manner. I will be learning things that will not just make me a responsible counselor, but a better person with leadership skills I can use. If I do not follow accepted C.I.T. guidelines, I understand I can be asked to leave the program.

Camper's Signature: _____

Parent/Guardian Signature: _____



Program: CIT Summer Camp App. rec'd by: _____ Date rec'd: ____/____/____
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RARITAN BAY AREA YMCA
Counselor-In-Training Summer Camp Application
 365 New Brunswick Avenue
 Perth Amboy, NJ 08861

Are you an Active Member at our Y? No Yes If no, would you like information about the Y? No Yes

How did you hear about the YMCA?

How did you hear about the YMCA?

- Radio Television Bill Board Live in Area YMCA Direct Mail E-mail
 Yellow Pages Newspaper Magazine Place of Employment Member Former Member
 Friend/Family Medical Referral Website/Internet Other: _____

Participant's Information:

Child's Name: _____ Age: _____ D.O.B.: ____/____/____ Gender: M / F
 Home Address: _____ City: _____ State: ____ Zip: _____
 T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Parent's Information:

Mother's Name: _____ D.O.B.: ____/____/____
 Home Address: _____ City: _____ State: ____ Zip: _____
 Phone No.: _____ Cell No.: _____
 Employer: _____ Address: _____ Work No.: _____
 E-mail Address: _____

Father's Name: _____ D.O.B.: ____/____/____
 Home Address: _____ City: _____ State: ____ Zip: _____
 Phone No.: _____ Cell No.: _____
 Employer: _____ Address: _____ Work No.: _____
 E-mail Address: _____

Who is Guardian? Both Parents Mother Father Grandparents Guardian

Emergency Contact/Authorized Pick-Up

Person(s) authorized to pick-up and/or contact in case of emergency, if neither parent is available. These people are required to show identification when picking-up your child and must be 18-years old and over.

1. Name: _____ Relationship to child: _____ Phone No.: _____
 Address: _____ City: _____ State: ____ Zip: _____

2. Name: _____ Relationship to child: _____ Phone No.: _____
 Address: _____ City: _____ State: ____ Zip: _____

(PLEASE COMPLETE OTHER SIDE)

Health and Insurance Information:

Does your child have health insurance? No Yes

If no, would you like information/resources regarding health insurance? No Yes

Child's Physician: _____ Address: _____ Phone No.: _____

Insurance Provider: _____ Policy No.: _____ Phone No.: _____

EMERGENCY MEDICAL INFORMATION: Please check, if the participant has a history of any of the following:		IMMUNIZATION INFORMATION: Please provide a copy of your child's most recent record		
<input type="checkbox"/>			Date Received	Check, if Needed
<input type="checkbox"/>	ASTHMA			<input type="checkbox"/>
<input type="checkbox"/>	DIABETES	TETANUS		<input type="checkbox"/>
<input type="checkbox"/>	HEART TROUBLE	POLIO		<input type="checkbox"/>
<input type="checkbox"/>	FAINTING SPELLS	CHICKEN POX		<input type="checkbox"/>
<input type="checkbox"/>	HIGH BLOOD PRESSURE	WHOOPING COUGH		<input type="checkbox"/>
<input type="checkbox"/>	CONVULSIONS	MEASLES		<input type="checkbox"/>
<input type="checkbox"/>	CONTACT LENS	RUBELLA		<input type="checkbox"/>
<input type="checkbox"/>	ALLERGY, if so what?	DIPHTHERIA		<input type="checkbox"/>
<input type="checkbox"/>	ANY OTHER CONDITIONS REQUIRING SPECIAL CARE, MEDICATION OR KNOWLEDGE, IF SO WHAT?	MUMPS		<input type="checkbox"/>

Demographic Information (Optional):

Race: Asian/Pacific Islander African American/Black Alaskan Native Caucasian/White
 Hispanic Native American Other: _____

Household Income: 0-\$13,999 \$14,000-\$24,999 \$25,000-\$39,999
 \$40,000-\$54,999 \$55,000-\$74,999 \$75,000 and over

Marital Status: Single Married Separated Divorced Widowed

HEALTH VERIFICATION, ACTIVITY AUTHORIZATION and PHOTOGRAPHY RELEASE:

As the parent/guardian, I verify that my child is in good physical health and is authorized to participate in all activities including but not limited to HIKING, WATER ACTIVITIES and COMPETITIVE SPORTS. I understand that the program may take WALKING TRIPS within the neighborhood. Initials _____

I understand that in the event of an emergency, I authorize the transfer of my child's health record to the health provider. Initials _____

I authorize YMCA staff to provide minor first aid, as deemed necessary, for the well being of my child. Initials _____

I understand that my child may be photographed while at activities, camp, and programs. I give the Y permission to use the pictures/videos of my child for the Y's promotional and marketing materials such as newsletters, local newspaper, website and or brochures. Initials _____

STATEMENT OF VERIFICATION:

I have completed this application accurately and I understand that misinformation can result in immediate dismissal from all YMCA programs.

Parent's Signature: _____ Date: _____

I have received the Parent Handbook which outlines the general organizational information, fees, and certain child care policies including the Required Parent Information Statement, Guidelines for Positive Discipline Policy, Child Release Policy, Expulsion Policy, and Management of Communicable Diseases.

Parent's Signature _____ Date: _____

Raritan Bay Area YMCA Applicant Reference Form

MAIL BOTH SIDES OF THE REFERENCE TO:
P.O. Box 148 - Perth Amboy, NJ 08862
For Questions Contact the Human Resource Department
(732) 442-3632
Fax: (732) 324-6359

Date: _____

Applicant's Name: _____

Position applying for: Counselor In Training Branch Name: Raritan Bay Area YMCA- Perth Amboy

To whom it may concern:

The above applicant is applying to be a participant in the Counselor In Training Program with our YMCA. Entrance is based on an essay, an application, an interview and your reference. Please answer carefully. All information will be held in strict confidence. Please complete (BOTH SIDES) and return by fax or mail (TO THE ADDRESS ABOVE). Thank you for your prompt attention.

REFERENCE INFORMATION TO BE COMPLETED BY APPLICANT

If no prior work history, please provide name of a teacher, guidance counselor, coach, clergy, organization volunteered for etc. who can provide a reference.

Name of Reference (employer, school, etc.): _____

Dates (employed, attended school, etc.): From: _____ To: _____

Address of Reference: _____

Contact Person: _____ Title: _____

Phone: () _____ Fax: () _____

Applicant's Authorization to Release Information

I request and give permission to the above named person to complete this reference check.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY REFERENCE NAMED ABOVE (not by the applicant)

1. How long have you known the applicant? _____
2. In what capacity? _____
3. Responsibilities (or extracurricular activities if student): _____

4. Please describe this individual (personality, character traits): _____

5. What were the applicant's strengths and weaknesses? _____

6. Do you feel this is an appropriate position for this person? _____

Please Turn Over to Rate Applicant's Performance

1. Quality of Work (or academic studies, volunteerism, etc.)

Outstanding Very Good Good Below Average Unsatisfactory

Comments: _____

2. Productivity and Initiative

Outstanding Very Good Good Below Average Unsatisfactory

Comments: _____

3. Knowledge of Job

Outstanding Very Good Good Below Average Unsatisfactory

Comments: _____

4. Reliability and Dependability

Outstanding Very Good Good Below Average Unsatisfactory

Comments: _____

5. Creativity

Outstanding Very Good Good Below Average Unsatisfactory

Comments: _____

6. Interaction skills with children, peers or adults

Outstanding Very Good Good Below Average Unsatisfactory

Comments: _____

7. Is there any reason this individual would not be suitable to work with children?

No I don't know this individual well enough to comment Yes, please explain

Comments: _____

8. Additional Comments: _____

Reference Completed by: _____ Date: _____

Authorized Signature: _____ Title: _____

An Equal Opportunity Employer

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