



City of Seminole Summer Camp Programs Counselor-in-Training Application

Thank you for your interest in the Counselor in Training program. It is the goal of the CIT program to create individuals that can eventually flourish as staff members at the City of Seminole Recreation Division.

The CIT Program is designed to teach leadership, community, and counseling skills to 13-17 year-old participants through service at camp. Becoming a CIT is an experience very different in its expectations than that of a camper. Successful candidates for the CIT program should be:

- Highly energetic with visible participation in the camp community
- Creative leaders who take initiative
- Service-oriented, hard-working, and devoted to the Seminole Recreation Center's mission
- Role models, exhibiting character traits that children can look up to
- Flexible and adaptable to change
- Great with camp age children

Before filling out the application, please note the following:

- This is an application form. Submission of an application does not indicate an acceptance into the CIT program.
- Please write clearly. If we can't read it, we can't understand it.
- Fill it out yourself. Nothing shows initiative and commitment more than taking the responsibility yourself.
- No payment will be taken until the formal acceptance of the applicant into the CIT program.
- Acceptance into the CIT program does not guarantee employment in following summers.

APPLICANTS MUST ATTACH ONE LETTER OF RECOMMENDATION WITH NAME AND CONTACT NUMBERS (these cannot be from a family member).

This application will be reviewed by the Program Coordinator. It is mandatory that all applicants, if chosen, **must attend an orientation on Thursday, May 19th from 7:00-8:30 p.m.** with a parent. There will also be additional mandatory trainings that the CIT applicant will be required to attend. These will be given out during orientation. All applicants who participate will be required to pay a \$25.00 program fee and have a recreation card valid throughout the summer. Applications and letters of recommendation are due to the Recreation Center office by May 1st.



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Name: _____ Resident/Nonresident: _____

Parent/Guardian Name _____ Weeks Available: 1 2 3 4 5 6 7 8 9 10

Age: _____ Current Grade: _____ School: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Shirt Size: (Youth): Medium _____ Large _____
 (Adult): Small _____ Medium _____ Large _____ XL _____

Have you ever been a Teen Leader/CIT with Seminole Recreation or a similar program?

If yes, what year and where: _____

If yes, what was most rewarding about your experience?

Please discuss any extra-curricular activities, hobbies, interests, or volunteer activities:

Describe your experience working with or interacting with children:

Why would you like to be a CIT at Seminole Recreation?



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Do you have any special training, certifications; (First Aid, CPR, etc.)?

If you have any vacation plans for the summer, please list them:

What do you expect to gain from the Counselor in Training program?

What is the most important thing about being a Counselor in Training?

Please use the space below to include any more information about yourself that you think we should know! What makes you the best candidate for the 2016 Summer Camp Counselor in Training Program?



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I, the named adult participant or parent/legal guardian of the named child, on this form, do hereby assume all risks and hazards incidental to my participation in activities, use of the equipment and facilities or my child's participation in activities, use of equipment and facilities of the City of Seminole Recreation Center Complex, and I do hereby agree to waive, release, absolve, defend and hold harmless the City of Seminole, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages, losses or injuries of any kind, resulting from the participation in activities, use of equipment and facilities of the City of Seminole's Recreation Center Complex.

THIS RELEASE INCLUDES A RELEASE FOR ANY AND ALL LOSSES OR INJURIES ARISING OUT OF ANY ACT OR OMMISION OR NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE CITY OF SEMINOLE, ITS EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS, AND ELECTED OFFICIALS. THIS RELEASE IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL.

PARTICIPANT'S SIGNATURE _____ Date _____

Parent/Guardian Signature _____ Date _____

FIELD TRIP CONSENT

I hereby grant permission for _____ to participate in recreational activities and weekly field trips as part of the Seminole Recreation Center's Counselor in Training Program.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

PHOTO CONSENT AND RELEASE

I hereby authorize the City of Seminole to take photographs of my child(ren), and use these images in the promotion and marketing of Seminole's programs, which may include media coverage and/or viewing by the general public. By signing below, I give my legal authorization for the city use of photos of my child(ren).

PARENT/LEGAL GUARDIAN (Please print)

PARENT/LEGAL GUARDIAN (Signature)

DATE