

CATAUMET CLUB CAMP



145 Scraggy Neck Rd. Cataumet, MA 02534

COUNSELOR IN TRAINING (CIT) PROGRAM OVERVIEW

The purpose of the Counselor in Training program is to give aged out campers the information, training and experiences to prepare them for positions as Junior Counselors and instructors in various youth-serving organizations. Leadership, teambuilding and hands-on application will highlight four weeks of fun and personal growth. A high level of maturity is a must for participants. Successful applicants will be required to complete a day of staff training followed by an opportunity to help facilitate a positive experience for the campers in the 7-10 age range. There is NO FEE for this program.

ELIGIBILITY

- Open to applicants ages of 14 and 15
- A maximum of 8 participants will be selected
 - CIT's will be required to register for a 4 week commitment
 - CIT's will have to attend a Staff Training Day prior to camp in June (date TBD)
- Participants must have experience in sailing, swimming and tennis
- There is **NO FEE** for this program

APPLICATION PROCESS

- Applications will be accepted from February 1- April 1. Complete all sections of the application. No late or incomplete applications will be considered.
- There is no application fee.

Submit completed application BY EMAIL to cataumetclubcamp.org

SELECTION PROCESS

Applications will be reviewed and selected applicants may be invited for an interview. Selections will be made and participants will be notified of acceptance by May 1. You will be notified by email so please provide a valid email address for both parent and participant. If selected the successful candidate's parent/guardian will be required to register for camp through the website under the CIT group. **There is no registration fee for the CIT program.**

COUNSELOR IN TRAINING

APPLICANT INFORMATION

PERSONAL INFORMATION

Full Name: First Middle Last

Home Address:

City, State, Zip:

Home Phone:

Cell Phone:

Current Age:

Date of Birth:

Email Address:

Name(s) of Parent(s)/Guardian(s):

Address(es) of Parent(s)/Guardian(s):

Parent(s)/Guardian(s) Phone Number(s):

Home

Work

Cell

Parent(s)/Guardian(s) Email Address(es):

1)

2)

EDUCATION

Name of School (Current):

Expected Year of Graduation:

WORK/VOLUNTEER/EXTRACURRICULAR ACTIVITIES TEAMS AND EXPERIENCE (if any)

List your previous work, volunteer, and/or extra-curricular experience. Start with the most recent.

Employer/Organization Name	Position/Role	Dates of Activities Month/Year	Contact Info, Supervisor Address and Phone

SHORT ANSWER QUESTIONS

Answer each of the questions below in 50 words or less.
Please be thorough with your responses. You may attach additional pages if necessary.

Tell us about any experience you feel has prepared you to be a Counselor-In-Training and why?

Describe a personal strength and a weakness and how each relates to the CIT position.

Describe a time when you have served as a leader.

Describe a time when you have been asked to work with a team.

PARTICIPANT AGREEMENT

I attest that all information provided is correct. I understand that the Counselor In Training program requires me to attend one day of training in June prior to the start of camp and to attend all camp functions as scheduled by the Camp Director for 4 weeks. If I am selected as a Counselor In Training I agree to meet all program and attendance requirements. Failure to do so could result in removal from the CIT position.

Applicant's Signature

Date

PARENTAL PERMISSION

By applying to the Counselor in Training program, your child is making a commitment to take part in a service-learning program. This form is to verify that you understand that the Counselor in Training program requires your child **attend one day of training in June 2019 prior to the start of camp and to attend all camp functions as scheduled by the Camp Director for 4 weeks. If your child is selected as a Counselor In Training they must meet all program and attendance requirements. Failure to do so could result in removal from the CIT position.**

All applications are reviewed in confidence and applicants will be notified in writing of the selection decision.

I have read and understand the Counselor In Training program requirements, including the attendance requirements as stated above. My son/daughter has my support and permission to participate in the Counselor In Training program.

Signature of Parent/Guardian

Date