

Counselor in Training Application

***(Deadline to turn in completed application and reference forms is March 25,
Jefferson City Parks & Recreation, 427 Monroe St. Jefferson City, MO 65101)***

Applicant Information:

Name:			
Address:			
City, State Zip:			
Phone	Home:	Cell:	
Email Address:			
Age Information:	Age:	Date of Birth:	
Grade Entering in the Fall of 2016:	Grade:	School Attended:	GPA:
Relatives working for City of Jefferson			

Parent/Guardian Information:

Parents Name:			
Address (if different):			
Parents Phone:	Home:	Work:	Cell:
Parent Email Address:			

Sessions Available to Volunteer:

Mark Session		
	June 6 to June 17	Binder, Eagle, Wokka, Out N About, Greenberry
	June 20 to July 1	Binder, Eagle, Wokka, Out N About, Greenberry
	July 11 to July 22	Binder, Eagle, Wokka, Out N About, Greenberry
	July 25 to July 29 (1 wk.)	Binder, Eagle, Wokka, Out N About, Greenberry
	July 5 to July 8 (1 wk.)	Out N About only

Camp Preferred (camp placement will be considered if possible but not guaranteed)

Please Mark Camps	
	Binder Adventure Camp (only for seventh grade and older)
	Camp Eagle (for eighth grade and older)
	Camp Wokka Wokka (for seventh grade and older)
	Camp Greenberry (for seventh grade and older)
	Camp Out N About 1-3 grade (for seventh grade and older)
	Camp Out N About 4-6 grade (for eighth grade and older)

Why do you want to be involved in the Counselor in Training Program:

Describe your experience in attending camp programs in the past:

Describe the skills and abilities that would make you a good CIT candidate:

Describe your experiences in working with others (at school, church, scouts, etc.):

Describe any special abilities, hobbies or talents you have:

Describe any skills that you recognize that need improvement:

Please check all of the activities in which you can assist in teaching or running:		
<input type="checkbox"/> Hiking	<input type="checkbox"/> Challenge Course	<input type="checkbox"/> Outdoor Cooking
<input type="checkbox"/> Skits/Drama	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Group Games
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Nature Education	<input type="checkbox"/> Basketball
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Softball	<input type="checkbox"/> Soccer
<input type="checkbox"/> Canoeing/Kayaking	<input type="checkbox"/> Sailing	<input type="checkbox"/> Fishing
<input type="checkbox"/> Disc Golf	<input type="checkbox"/> Bicycling	<input type="checkbox"/> Lashing/Knot Tying
<input type="checkbox"/> Archery	<input type="checkbox"/> Musical/Singing	Other:

Letters of Reference:

In addition to filling out the application above, we require at least three letters of reference. These letters may be from any adult, other than a family member or relative. Teachers, sports coaches, scoutmasters, pastors or Sunday school teachers, mission trip leaders, extracurricular activity leaders, employers or volunteer supervisors are all great people to ask.

We would like to know how these individuals view your maturity, dependability, responsibility, temperament, evaluation of your skills, ability to work with others (both younger and older), communication ability, leadership ability and the level of initiative you display. We will need to know how long that person has known you and in what capacity they have known you. We would like a frank evaluation of both strengths and areas that need improvement. While we often don't like to discuss our weaknesses, this information gives our staff an idea of what things we can work with you on improving.

We will be contacting all references and require a phone number which we can use to contact him or her.

Additional Telephone References:

Reference Name	Reference Title	Phone Number

Health Concerns:

Describe any health concerns/limitations you have (this will remain strictly confidential):

I understand that by signing and submitting this application, I am agreeing that all of the work done in submitting this application is my own work. I also understand that submitting this does not automatically grant me admission into the program. I also agree that I can be dismissed from the program, without refund, because of poor performance and that I will try to the best of my abilities to fulfill all the requirements of volunteering for the program.

_____ Date: _____
 Counselor in Training Applicant

I understand that by signing this application that I agree to allow my child to participate in the Counselor in Training program. I also have helped make sure that my child understands and agrees to everything contained in this application. I agree to working with the staff at Parks & Recreation in making this a positive and valuable learning experience for my child.

_____ Date: _____
 Parent/Guardian

Office Use Only:

Registration submitted	Date	Initial
Applicant Interviewed	Date	Initial
Applicant offered position	Date	Initial
Camp Assignments	Dates Assigned	