

Hello!

Greetings from camp! The purpose of this letter is to help applicants and parents understand our Counselor-In-Training (CIT) program and to clarify expectations. The goal of the CIT program is to help adolescents gain some basic leadership experience and community-living skills. This will be applied through team building, exposure to cabin management and delivering an all camp event. While it is not necessary for a CIT candidate to want to be a future counselor at camp, much of the practical experience and skills will be aimed toward that possibility.

CIT is a program for adolescents at a time in life when they are in a long transition from childhood to young adult. The CIT program will help you decide if you have the interest in working with younger children at camp or in other settings. You will also get specific feedback on your leadership and community skills. A great experience as a camper does not necessarily mean that the adolescent will be a great camp leader in the future.

CITs are campers participating in a special CIT program, designed for adolescent boys and girls. The CIT stands on a bridge between your memories as a camper and your potential future as a camp counselor. At all times, the CIT is a camper, a program participant, and is expected to adhere to the guidelines of our camp program and camp leaders' direction.

Here is an outline of the program:

- Applicants must submit a camp application, CIT application, three references, and complete a phone interview or in person. Not everyone who applies will necessarily be chosen. Your registration fee, less the deposit, will only be processed if you are selected.
- Please submit your camp application and CIT application together.
- We encourage CITs to be age 16 by June 1st. This way you would be age 17 the following summer. This is the age for a Junior Counselor position.
- International campers who are interested in qualifying for a staff position the following summer are encouraged to apply for CIT at age 17. This way you would be age 18 the following summer. Age 18 is an eligibility requirement for a work visa in the US.
- While at camp, CITs will have a male and a female director who supervise your program. CITs may live in a cabin with their female or male director at the onset of the program and ultimately "apprenticed" to a cabin. These assignments will be decided by camp's directors.
- CITs will have pre-determined leadership workshops during the day. For the remaining periods, CITs may choose from the activities available that session. As a group the CITs must also carry out an all-camp activity. This is a significant project and will require a great deal of planning and coordination.
- Camp does not hire 16 year old counselors. Volunteering after completing the program is not a goal. Not being a volunteer never invalidates a strong performance!

This program is an often overlooked opportunity. It's hard not to dwell on your connection and memories as a camper. Where else have people grown up at their job? If accepted you have the chance to grow your perspective, step out on the bridge, and consider this period in your life. This transition is bigger than camp. It's an opportunity to affect your path into adulthood. That path may not lead you to camp. It should leave you better prepared for the journey.

Chris Rasmussen –Summer Camp Director

Chris

New York YMCA Camp
300 Big Pond Road, PO Box 622
Huguenot, NY 12746
Phone 845-858-2200 * Fax 845-858-7823
www.newyorkymcacamp.org

CIT INFORMATION

					Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Last Name	First Name	MI	Birth Date	Age	Sex	
PO Box #	Street Address	City	State	ZIP Code		
()						
Home Phone	CIT Email (optional)					
T-shirt Size: <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL						

FAMILY INFORMATION

CIT lives with: Both Parents Mother Father Other (specify):

YMCA Member #	Local YMCA Branch Name					
	()	()				
1st Parent / Guardian & Relationship	Work Phone	Cell	Email			
Occupation	Business Name & Address			Work Email		
	()	()				
2nd Parent / Guardian & Relationship	Work Phone	Cell	Email			
Occupation	Business Name & Address			Work Email		
	()	()				
Other Emergency Contact Name & Relationship	Phone		Cell			

The information below is optional and used only for statistical purposes. Please check appropriate information. Thank you.

Racial/Ethnic Category: American Indian or Alaskan Asian or Pacific Islander Black Hispanic White Other _____

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

PARTICIPANT AGREEMENT & REFUND POLICY

Please READ & SIGN this statement.

I give permission for my child to attend camp. I agree to pay the balance of camp fees on or before May 1, 2010. I understand I will receive a full refund minus \$200 deposit & \$22 YMCA Membership Fee if cancelled by June 1, 2010. No refunds after June 1st. I understand I will receive no refund if my child is sent home for any reason. I grant camp permission to take and publish photographs, videotapes, and recordings of the CIT registered above. I acknowledge that you will be the sole owner of all rights arising out of their use for all purposes and that I shall receive no compensation for their use.

Please send a deposit of \$200, plus a \$22 YMCA membership fee for non-members with your registration.

Parent / Guardian Signature	Date
-----------------------------	------

CIT FULL NAME: _____

SESSION & PAYMENT INFORMATION

Additional financial assistance is available. Please call for more information.

Session 1: June 27 – July 23	Session 2: July 25 – August 20
<input type="checkbox"/>	<input type="checkbox"/>

Why 3 Prices?

Realizing that families have differing abilities to pay, we have a voluntary 3-Tier pricing program. Please take a moment to look at the rate descriptions and determine which of the three prices your family is able to pay for your child's experience.

This is strictly an honor system; select the fee you feel is appropriate and that is what you will pay. The program is voluntary, and in no way influences the experience children receive. *Additional financial assistance is available and is based on Tier 1 price. Please call for more information.*

Camp Store: At no additional cost your CIT will receive a snack & beverage daily, t-shirt, souvenir, laundry service and a CIT photo. (Purchased separately this is a \$45 value for one week.)

Tier 1 - This price is the actual cost of camp for a child to participate.	<input type="checkbox"/> \$2,466	= _____
OR		
Tier 2 - Our partially subsidized fee for temporary or minor financial need.	<input type="checkbox"/> \$2,266	= _____
OR		
Tier 3 - Our heavily subsidized fee for those in need of more financial assistance.	<input type="checkbox"/> \$2,066	= _____
Horseback Riding Camp - Your CIT will spend half a day with the same horse every day, Monday through Friday. This program includes riding lessons and teaches the necessary skills to care for a horse. Full payment due with this application.	<input type="checkbox"/> \$150	= _____
Horseback Riding Lesson - A single riding lesson per session. Full payment due with this application.	<input type="checkbox"/> \$35	= _____
Water Ski Camp - Your CIT will spend half a day every day, Monday through Friday, learning waterskiing and wakeboarding. Participants must pass a swim test. Full payment due with this application.	<input type="checkbox"/> \$150	= _____
Voluntary Contribution - I want to help a deserving child attend camp; please accept my Strong Kids Campaign Donation: <input type="checkbox"/> \$35 <input type="checkbox"/> \$55 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$ _____		= _____
Total		\$ _____

(See requirement below) **Enclosed Deposit -**

Total Amount Due May 1, 2010 \$

Minimum Deposit Required	\$22 (YMCA Membership Fee for non-members) + \$200 (Deposit) = \$ _____
Type of Payment	<input type="checkbox"/> Check/ Money Order (<i>made payable to New York YMCA Camp</i>) Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express

Card Number	Verification Code (3 digits MC/V, 4 digits AmEx)	Expiration Date
-------------	--	-----------------

Name on Credit Card	Daytime Phone #
---------------------	-----------------

Mail completed form to:

CIT Application
New York YMCA Camp
PO Box 622
300 Big Pond Road
Huguenot, NY 12746-0622

Registration Questions?

Call our Camp Registrar:
Phone: 845-858-2200
Fax: 845-858-7823
E-Mail: camps@ymcanyc.org

CANCELLATION POLICY

Full refund minus \$200 deposit & \$22 YMCA Membership Fee if cancelled by June 1, 2010.
No refunds after June 1st.



COUNSELOR -IN -TRAINING APPLICATION



Name _____ Date _____

Address _____ DOB: _____ Age on June 1st _____

_____ I have completed a camp application: Yes • No •

_____ E-mail: _____

Phone: _____ Cell: _____

Program applying for: • CIT1: June 27 – July 23 • CIT2: July 25 - August 20

References

List three individuals able to give a character reference. One should be a recent advisor, teacher, etc. Reference forms should be returned separately, by each individual.

Name _____ Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Certifications

Please submit copies of all certs with your application.

Certification	Certifying Agency (ex. "Red Cross")	Expiration (month/year)

Essay Questions

Please answer the following questions and attach as many sheets as are necessary to this application. You are welcome to either write or type your responses.

1. What do you hope to learn or gain from this program?
2. If you had a magic wand, is there any aspect of camp you would create?

IMPORTANT - The Fine Print - IMPORTANT

- Applicants must submit a camp application, CIT application, three references, and complete a phone interview or in person. Not everyone who applies will necessarily be chosen. Your registration fee, less the deposit, will only be processed if you are selected.
- Please submit your camp application and CIT application together.
- We encourage CITs to be age 16 by June 1st. This way you would be age 17 the following summer. This is the age for a Junior Counselor position.
- International campers who are interested in qualifying for a staff position the following summer are encouraged to apply for CIT at age 17. This way you would be age 18 the following summer. Age 18 is an eligibility requirement for a work visa in the US.
- While at camp, CITs will have a male and a female director who supervise your program. CITs may live in a cabin with their female or male director at the onset of the program and ultimately "apprenticed" to a cabin. These assignments will be decided by camp's directors.
- CITs will have pre-determined leadership workshops during the day. For the remaining periods, CITs may choose from the activities available that session. As a group the CITs must also carry out an all-camp activity. This is a significant project and will require a great deal of planning and coordination.
- Camp does not hire 16 year old counselors. Volunteering after completing the program is not a goal. Not being a volunteer never invalidates a strong performance!

Employment History

List any previous work experience. Attach additional sheets if needed.

Company Name _____ Employed From _____ To _____
Address (Street, City, State, Zip) _____
Name and Title of Immediate Supervisor _____ Telephone _____
Job Title _____ Reason for Leaving _____
Describe Duties _____

Company Name _____ Employed From _____ To _____
Address (Street, City, State, Zip) _____
Name and Title of Immediate Supervisor _____ Telephone _____
Job Title _____ Reason for Leaving _____
Describe Duties _____

Volunteer History

List any previous volunteer experience. Attach additional sheets if needed.

Company Name _____ Employed From _____ To _____
Address (Street, City, State, Zip) _____
Name and Title of Immediate Supervisor _____ Telephone _____
Describe Duties _____

Company Name _____ Employed From _____ To _____
Address (Street, City, State, Zip) _____
Name and Title of Immediate Supervisor _____ Telephone _____
Describe Duties _____

Release and Personal Certification of CIT Applicant

I certify that all statements made by me on this application are true to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts that would exclude my being considered for the CIT program may be cause for dismissal. I grant permission to the YMCA to solicit and investigate statements from any person and/or organization with regard to my personal history and prior employment and agree to hold all persons harmless with respect to the information they may give, receive, or publish. I hereby waive any right to claim any request or investigation is an invasion of my privacy and will cooperate with any requests for information since they are made with my consent.

I certify that I have read and understand the application process. I understand that I may not be accepted into the program. If offered a placement, I will conscientiously abide by all camp rules and conditions of the program. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily sign this application.

Signature of Applicant _____ Date _____

Release and Personal Certification by Parent/Guardian

My child has my full approval to participate in the CIT program. I allow the YMCA to verify references related to my child's application. I understand that my child may initially bunk with other program participants and then be apprenticed to another cabin group(s). I understand that my child may leave the camp property under the supervision of a YMCA staff member and give my permission for this to occur. I understand that if accepted, I must pick up my child between program weeks or identify individuals who are authorized to pick-up my child, in writing. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily authorize this application.

Signature of Parent _____ Date _____

Please complete and send to:

"CIT Application"
New York YMCA Camp
PO Box 622
300 Big Pond Road
Huguenot, NY 12746-0622
www.newyorkymcacamp.org

CIT APPLICANT REFERENCE CHECK FORM
New York YMCA Camp

APPLICANT'S PERMISSION FOR RELEASE OF INFORMATION

I hereby release from all liability the company or person below, and authorize him/her to release all information regarding my relationship to him/her. This includes facts known about me, facts in good faith believed to be true, and opinions held by the company or person below about me.

CIT Applicant's Name: _____

CIT Applicant's Signature: _____ Date: _____

1. What qualities and special abilities does this person possess that would make him or her a good candidate for program participation in a resident camp? Please describe. _____

2. What qualities do this individual have that would inhibit his or her ability to effectively work in a group of peers? Please describe. _____

3. Are there any reservations you would have if this person were to work around children? _____
Why? _____
4. Will you please rate the applicant to the best of your knowledge by checking the appropriate column below. If you feel that your knowledge is not adequate in any of these areas, please write N/A (not applicable).

<u>Characteristics</u>	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm, cheerfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How long have you known the CIT applicant? _____ In what capacity? _____
6. Is there any additional information concerning the CIT applicant which would be of value to us? Please describe.

Reference Name _____

Reference Title _____

Reference Phone (day) _____

Reference Phone (evening) _____

Reference Signature _____

CIT APPLICANT REFERENCE CHECK FORM
New York YMCA Camp

APPLICANT'S PERMISSION FOR RELEASE OF INFORMATION

I hereby release from all liability the company or person below, and authorize him/her to release all information regarding my relationship to him/her. This includes facts known about me, facts in good faith believed to be true, and opinions held by the company or person below about me.

CIT Applicant's Name: _____

CIT Applicant's Signature: _____ Date: _____

1. What qualities and special abilities does this person possess that would make him or her a good candidate for program participation in a resident camp? Please describe. _____

2. What qualities do this individual have that would inhibit his or her ability to effectively work in a group of peers? Please describe. _____

3. Are there any reservations you would have if this person were to work around children? _____
Why? _____
4. Will you please rate the applicant to the best of your knowledge by checking the appropriate column below. If you feel that your knowledge is not adequate in any of these areas, please write N/A (not applicable).

<u>Characteristics</u>	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm, cheerfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How long have you known the CIT applicant? _____ In what capacity? _____
6. Is there any additional information concerning the CIT applicant which would be of value to us? Please describe.

Reference Name _____

Reference Title _____

Reference Phone (day) _____

Reference Phone (evening) _____

Reference Signature _____

CIT APPLICANT REFERENCE CHECK FORM
New York YMCA Camp

APPLICANT'S PERMISSION FOR RELEASE OF INFORMATION

I hereby release from all liability the company or person below, and authorize him/her to release all information regarding my relationship to him/her. This includes facts known about me, facts in good faith believed to be true, and opinions held by the company or person below about me.

CIT Applicant's Name: _____

CIT Applicant's Signature: _____ Date: _____

1. What qualities and special abilities does this person possess that would make him or her a good candidate for program participation in a resident camp? Please describe. _____

2. What qualities do this individual have that would inhibit his or her ability to effectively work in a group of peers? Please describe. _____

3. Are there any reservations you would have if this person were to work around children? _____
Why? _____
4. Will you please rate the applicant to the best of your knowledge by checking the appropriate column below. If you feel that your knowledge is not adequate in any of these areas, please write N/A (not applicable).

<u>Characteristics</u>	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm, cheerfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How long have you known the CIT applicant? _____ In what capacity? _____
6. Is there any additional information concerning the CIT applicant which would be of value to us? Please describe.

Reference Name _____

Reference Title _____

Reference Phone (day) _____

Reference Phone (evening) _____

Reference Signature _____