



COUNSELOR -IN -TRAINING APPLICATION



Name _____ Date _____

Address _____ DOB: _____ Age on June 1st _____

E-mail: _____

Cell: _____

Phone: _____

Program applying for: CIT1: June 26 – July 22 CIT2: July 24 - August 19

Note—There are only 14 spots available for each session of CIT's.

References

You must provide three references (attached) who are able to give a character reference. One should be a recent advisor, teacher, etc. Reference forms should be returned separately, by each individual. References should not be relatives or peers.

Essay Questions

An essay must accompany each application. Please base your essay on the following:

How do you think you could enhance camp as a Counselor In Training?

Your essay must be between 350 and 400 words.

IMPORTANT— PLEASE REVIEW PRIOR TO SUBMITTING APPLICATION

- 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.
- 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.

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 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 _____

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, 2011.** I understand I will receive a full refund minus \$200 deposit & \$25 YMCA Membership Fee if cancelled by June 1, 2011. 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 \$25 YMCA membership fee for non-members with your registration.

Parent / Guardian Signature	Date
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CIT FULL NAME: _____

SESSION & PAYMENT INFORMATION

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

Session 1: June 26 – July 22	Session 2: July 24 – August 19
<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. \$2,596 = _____
- OR**
- Tier 2** - Our partially subsidized fee for temporary or minor financial need. \$2,396 = _____
- OR**
- Tier 3** - Our heavily subsidized fee for those in need of more financial assistance. \$2,196 = _____

Voluntary Contribution - I want to help a deserving child attend camp; please accept my Strong Kids Campaign Donation: \$35 \$55 \$100 \$200 \$ _____

= _____
Total \$

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

Total Amount Due May 1, 2011 \$

Minimum Deposit Required	\$25 (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
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Name on Credit Card	Daytime Phone #
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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 & \$25 YMCA Membership Fee if cancelled by June 1, 2011.

No refunds after June 1st.

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.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

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

2. What qualities do this individual have that would inhibit his or her ability to effectively work in a residential camp? 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 applicant? _____ In what capacity? _____
6. Is there any additional information concerning the applicant which would be of value to us? Please describe.

Reference Name

Reference Title

Reference Phone (day)

Reference Phone (evening)

Reference Signature

THANK YOU VERY MUCH FOR YOUR TIME AND CONSIDERATION. Please fax the completed form as soon as possible to: 845-858-7823 or mail to Leanne Fraccio, New York YMCA Camp, P.O. Box 622, Huguenot, NY 12746.