

Counselor in Training Application

Pines Community Center Summer Playground Program



* Requirements: A one page typed essay from applicant, a letter of recommendation, and two references (not from family).

Name _____ D.O.B. _____

Physical Address _____ Mailing Address _____

Town of Residence _____ Zip code _____

Email address _____ Telephone _____

Education:

Elementary School _____

Middle School _____

High School _____

School Activities _____

Activities outside of school _____

Employment (if any please describe) _____

Please list any previous experience/s working with children _____

Have you taken a baby-sitting class? _____ Location & Date _____

Have you been a CIT before? _____ If yes, where? _____

References (list 2 non-family members)

1. _____ Relationship _____ Telephone _____

2. _____ Relationship _____ Telephone _____

Teacher providing recommendation _____ School _____

I understand that as a CIT I will assist the Counselors by playing with the children, helping with group management and supervision, reminding children to listen, escorting children between locations, and modeling positive behavior. I will also assist in other duties, such as cleaning up, setting up activities, traveling with campers to and from swimming lessons and on Field Trips, assisting the Water Safety Instructor at the beach during swimming lessons, and other duties as assigned. As a CIT I will behave in accordance with the rules and policies of the Pines Playground Program, such as those regarding dress, vocabulary, and cell phone use, and demonstrate good behavior and character at all times.

Signature _____

Date _____

Office Use Only

Application received _____ **Essay received** _____ **Recommendation received** _____

Parental registration form received _____ **Payment received** _____

Medical Forms Received _____ **Signed Code of Conduct Form received** _____

Interview _____ **By** _____

Interviewer comments:

Pines Community Center

2020 Junior Counselor-In-Training & Counselor-In-Training Programs

Code of Conduct and Discipline Policy

Code of Conduct

1. The Pines Community Center is committed to providing a safe and welcoming environment for all participants. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are in our facility or participating in our programs. C.I.T's must remember that they are representing the Pines Community Center at all times.
2. Junior CIT's and CIT's must agree that while under the supervision of the Pines Community Center's Summer Playground Program he/she will adjust personal habits and actions to meet the policies and ideals of the program and abide by the following regulations:
 - I will conduct myself in a mature and thoughtful manner, keeping in mind that my FIRST priority is the campers.
 - I understand that I am a positive role model and I agree to avoid all profanity and lewd remarks/conduct.
 - I will follow instructions of all Playground Program staff members and perform all duties as assigned.
 - I will wear appropriate clothing and attire at all times. We ask that you wear your Pines CIT shirt each day and sneakers.
 - I understand that the Playground Program is a drug and alcohol free property and I will not use alcohol, tobacco, or illegal drugs during the duration of my work at the Pines Community Center Playground Program.
3. Prohibited actions specifically include:
 - Inappropriate attire. (NO: sandals, vulgar writing on clothing, mid-drifts showing)
 - Angry or vulgar language includes swearing, name-calling or shouting.
 - Physical contact with another person in any angry or threatening way.
 - Harassment or intimidation by words, gestures, body language or any menacing behavior.
 - Theft or behavior that results in the destruction of property.
 - Smoking, drinking alcohol, using illegal drugs, etc.
 - Any other conduct of inappropriate, threatening or offensive nature.
4. If any participant feels uncomfortable due to the actions and/or behaviors of another participant they are encouraged to speak with the Playground Program Director.

Discipline Policy

In the event that we are experiencing disciplinary or behavioral difficulties with any C.I.T, the following discipline policy will be put into effect.

1. Playground Program Director or Counselor removes C.I.T from activity. A discussion with the C.I.T will take place regarding the necessary adjustment needed to improve behavior.
2. If the behavior persists, the C.I.T is removed from the activity and must accompany the Playground Program Director for the remainder of the day. The C.I.T's parents and Recreation Director will be notified at the conclusion of the camp day.
3. If a C.I.T is spoken to and removed from activities two times or more during the scheduled camp week a meeting will be scheduled with the C.I.T, the C.I.T's parents, the Playground Program Director, and Recreation Director to determine a plan of action to modify the behavior of the child.
4. There may also be an extraordinary incident that causes an immediate expulsion from the program without going through the steps.

*Note: Refunds or credits will be determined on case by case basis depending on the situation. It is important to realize that a competent well trained staff will make every effort to manage all discipline problems effectively. However, if a Counselor-In-Training's behavior is dangerous or negatively affects the other individuals in camp, the decision will be made to remove the C.I.T from the camp setting.

I have read the Code of Conduct and Discipline Policy for the Pines Community Center's Junior Counselor-In-Training & Counselor-In-Training Programs.

C.I.T Signature

Date

Print Name

Parent Signature

Date

Print Name

Pines Community Center Counselor in Training Registration



ALL BACK BALANCES MUST BE PAID IN FULL TO REGISTER!

Participant's Name: _____

Grade Completed June 2020: _____ **Shirt Size:** _____ (Y S-XL, Adult S-XL)

Person Responsible for Payment: _____ **Email Address:** _____

8 weeks, June 22-August 14, 2020, 8:30am-3:30pm

Payment due upon acceptance

		<u>T-N Resident</u>	<u>Non-Resident</u>
_____ Councilor-in-Training Grades 8-10		\$125	\$135 (max 14 accepted)
_____ Junior Councilor-in-Training	Grades 6-7	\$130	\$140 (max. 14 accepted)

Total _____ **Deposit** _____ **Balance** _____ **Applying for Scholarship** _____
(Deadline May 4, 2020)

Weeks Participant will be absent? _____

Registration ends Monday, May 4, 2020, at 5:30pm. Registration packet, application, essay, and teacher recommendation MUST be received by this time. Registrations received after Monday, May 4th will be charged a late registration fee of \$50 per participant, and will be put on a Waiting List. Acceptance is on a space available basis. All applicants will be notified of acceptance into the program by June 12, 2020.

The total fee must be paid in full by June 19, 2020 to participate.

*A \$20 fee will be charged for all returned checks. The fee and insufficient amount must be paid with cash, bank check, or money order. **Init.** _____

Payment/Refund Clause

I understand that payment for this program is not due until my child has been accepted into the program. I understand that all fees must be paid in full by June 19th in order for my child to participate in the program, and that no refunds will be given after June 26, 2020. I further understand that no part of the camp fees will be refunded in the event of dismissal from the program for misconduct.

Init. _____

Parent/Guardian Statement of Agreement

I give permission for my child to participate in all activities of the program/s listed above, and I assume all risks and hazards incidental to such participation. And I do hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims against the Pines Community Center (P.C.C.)/Tilton-Northfield Recreation Council (T.N.R.C.), its officers, employees, agents, and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the above activity.

Init. _____

Medical Release Agreement

In the event of an emergency, when none of the parents, guardians, or emergency contacts listed on this form can be reached, I hereby give permission to the employees of the Tilton-Northfield Recreation Council (Pines Community Center) to call rescue personnel. I further authorize the appropriate medical personnel to treat, hospitalize, administer anesthesia, and/or order injections or surgery for the safety of the participant.

Init. _____

Photo Release Agreement

I hereby give permission for my child's photograph to be taken and used in Pines Community Center publications. I understand that the photograph may appear on the Pines' website or Facebook page, and that it may be used for P.C.C promotional or publicity pieces in various media including, but not limited to newspapers, magazines, television and the internet. I hereby waive the right to inspect or approve final images or advertising copy of the photographs taken and so used. **Init.** _____

By signing below I confirm that I have read and understand all of the information in this document and I accept the Parent/Guardian Statement of Agreement, the Medical Release Agreement, the Payment, Refund Clause, and the Photo Release Agreement.

Parent/Guardian Signature _____ **Date** _____

Will participant attend summer school? **YES** **NO**

I hereby give permission for Pines Community Center Staff members to assist/supervise my child in applying:

Sunscreen **YES** **NO** Insect Repellent **YES** **NO**

I give permission for the Pines Community Center Staff to provide First Aid to my child as needed:

YES **NO**

Parent/Guardian Signature _____ **Date** _____

Chronic Illnesses: Does participant have any chronic illnesses (e.g., diabetes, epilepsy, asthma, fainting, heart trouble, etc.)?

Physical Conditions: Does participant have any physical difficulties (e.g. vision, breathing hearing, heart, cerebral palsy, etc.) that may limit his/her participation?

Medications: Does participant take any medications either here or at home (e.g., Tylenol, Ritalin, epi-pen, bee sting kit, inhaler, etc.)? If yes, please list below. Under no circumstances are any participants allowed to have any type of medication with them at any of our programs. If medication needs to be administered during the day please fill out a medication policy form.

Does the participant have any family issues or physical, medical, or emotional conditions not listed above that would prohibit, limit, or effect their participation in any camp activities, or effect their interaction with staff and other campers (e.g. custody issues, family member health, cerebral palsy, ADD or ADHD, depression, toileting problems, anger management, PTSD, etc...)?

Please Circle the appropriate answer **YES** **NO** If yes, please explain below.

Parent/Guardian Signature _____ **Date** _____

If there are court orders concerning your child regarding issues such as custody, no contact orders, picking up, financial responsibility, or other matters of concern to the Pines, copies of those orders MUST be provided.