



Counselor in Training Application Packet



CITY OF CONROE
PARKS AND RECREATION

Conroe Parks and Recreation
P.O. Box 3066
Conroe, Texas 77305

Camp Administrative Office
Phone: (936) 522-3960
Fax: (936) 522-3977
www.cityofconroe.org



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Dear C.I.T. Applicant and Parents,

The attached paperwork must be filled out completely and returned no later than May 6 to the Oscar Johnson, Jr. Community Center. The C.I.T. program is designed to prepare participants for potential future camp employment. The intention of the City and this department is to work with young people who are interested in the camp experience. Providing a fun and safe environment is our number one goal, but remember, providing care for children is a difficult job. Please take some time with the attached materials. Make sure you understand what we are asking of you, and make sure that this is a program you are willing to participate in. **Although previous history with Camp Fun Quest is great, good behavior, attendance and job performance are all expectations to maintain a position as a CIT.**

The commitment of the C.I.T. is very important for the stability of the camp environment. We will provide training that is mandatory for all C.I.T. participants to attend. The training is not only to teach what to expect over the course of the summer, but also to provide an opportunity to form relationships with other C.I.T. participants. Daily responsibilities may include a variety of tasks including cleaning and organizing, however, assisting staff in providing activities throughout the day will be the main focus. With the provided training and your commitment to the program, we will be able to provide campers with a fun and safe environment.

Interested persons need to complete the C.I.T. application and the accompanying forms. Once all information is complete, submit to the Camp Administrative Office at the Oscar Johnson, Jr. Community Center. Qualified applicants (must be at least 14 years old and entering the 9th grade) will be required to attend a meeting with a parent on May 7, 6:30-7:30pm at the Oscar Johnson, Jr. Community Center. **This meeting is mandatory to be considered as a CIT.** Forms are considered on a first come first served basis, and will not be accepted after this meeting. Early submission is recommended. On Wednesday, May 8, we will host a group interview at the Oscar Johnson, Jr. Community Center for CIT candidates only from 6-8pm. **This interview is mandatory to be considered as a CIT.** Training schedule will be provided upon selection.

The expectation of a C.I.T. will be discussed in detail during the parent meeting. Participants will be asked to work at least 3 days per week from the hours of 8:30 AM - 4:30 PM, and at least one of the three days will need to be a field trip day (Thursday). The amount of time a person is scheduled will depend on a number of factors, including the number of participants in the program, availability and work ethic.

Application and applicable paperwork is due to the Oscar Johnson, Jr. Community Center by May 6.

*****New non-refundable registration fee of \$100/Resident and \$125/Non-Resident for the summer will help cover associated cost. Fee is not due until selections are made.**

Scott Perry
Center Supervisor

Elizabeth Anderson
Recreation Coordinator

Datrin Rogers
Recreation Coordinator



Emergency Form

<u>T-Shirt Size</u>			
Youth: 6-8	10-12	14-16	
Adult: 34-36	38-40	42-44	46+

Child's Name: _____ Age: _____ Sex: _____ Birthdate: ____/____/____

Address: _____ City: _____ St: _____ Zip: _____

Cell Phone: _____

Parent/ Guardian Contact (list in order you would like to be contacted):

Name: _____ Relation: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relation: _____

Primary Phone: _____ Secondary Phone: _____

E-Mail for program correspondences: _____

EMERGENCY CONTACT AND PICK UP- OTHER THAN PARENTS

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Waiver

I, the undersigned, hereby agree to participate in the Conroe Parks and Recreation Department's programmed activities. I certify that, to the best of my knowledge, my child is physically fit and able to engage in the programmed activities. I agree to indemnify and hold the City of Conroe, its employees and volunteers harmless from any liability, loss, cost or expense (including attorney's fees, medical, and ambulance costs) to me or my child that may occur while participating in Parks and Recreation activities, including transportation to and from field trips. I understand that photos and /or video may be taken during program activities and agree that these may be used for program and or promotional purposes. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian.

My signature acknowledges that I understand and agree to the above conditions.

Parent/Guardian Name Printed: _____

Signature: _____ Date: _____

Continue on the back of form

Health History and Preferences for Medical Treatment

<p>Health History (<i>Check—give approx dates</i>)</p> <p><input type="checkbox"/> Frequent Ear Infections _____</p> <p><input type="checkbox"/> Heart defect/disease _____</p> <p><input type="checkbox"/> Convulsions _____</p> <p><input type="checkbox"/> Epilepsy _____</p> <p><input type="checkbox"/> Diabetes _____</p> <p><input type="checkbox"/> Blood Disorders _____</p> <p><input type="checkbox"/> Hypertension _____</p> <p><input type="checkbox"/> Mononucleosis _____</p> <p><input type="checkbox"/> Chicken Pox _____</p> <p><input type="checkbox"/> Measles _____</p> <p><input type="checkbox"/> German Measles _____</p> <p><input type="checkbox"/> Mumps _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Allergies (<i>Check</i>)</p> <p><input type="checkbox"/> Food allergies: _____</p> <p><input type="checkbox"/> Poison Ivy/ Oak _____</p> <p><input type="checkbox"/> Insect Bites/ Stings -please list: _____</p> <p><input type="checkbox"/> Asthma _____</p> <p><input type="checkbox"/> Drugs (i.e. Penicillin) -please list _____</p> <p><input type="checkbox"/> Other: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: Program policy requires those found to have head lice, including “nits” or “eggs”, not return until treated and no signs remain.</p> </div>
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Physicians Name: _____ Phone: _____

Dentist/ Orthodontist: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Youth’s Insurance Co.: _____ Phone: _____ Policy #: _____

Policy Holder’s Name: _____ Relationship to Youth: _____

In the case of life threatening emergencies, 911 will be called and contact with parent/ guardian will be made as soon as possible. Otherwise, parents will be notified immediately for consultation.

Recommendations and Restrictions while at Camp

List any treatment or medications to be administered at camp (Must complete Authorization to Administer Medication Form). * Note that medications are dispensed at lunch time:

* All medication administered at camp must be in the original container, and will be dispensed according to prescribed dosage during lunch. Communicate with the Camp Coordinator regarding all medications.

Describe any mental, physical, emotional or social special needs that we should know about to ensure the safety and well-being of your child, and others, while participating:

List any activities that need to be limited or restricted while at camp:

Parent/ Guardian Signature

Date



*Please indicate your desired location:

___ Recreation Center ___ OJJCC

Counselor in Training Application

C.I.T. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Date of Birth: _____ 19-20 Grade: _____

I, _____, agree to serve as a C.I.T. with The City of Conroe Parks and Recreation Department for the summer of 2019. I am committed to being available to work for the time I am scheduled. I will comply with the following conditions and requirements:

1. I agree to conduct myself in a mature, responsible manner and to recognize that I am a representative of the City of Conroe Parks and Recreation Department.
2. I agree to attend camp punctually each day. In the event of illness or an emergency, I will contact my supervisor as soon as possible to notify them of my absence.
3. It is understood that since I am not an employee, but a program participant, I am not entitled to The City of Conroe's health insurance, worker's compensation program, or any other benefit afforded an employee of the City of Conroe.
4. I have read and understand the C.I.T program information and agree to perform the duties therein to the best of my ability.
5. If my work performance or behavior is in any way deemed unacceptable by the Recreation Coordinator or Camp Coordinator, I understand that I may be terminated from the program immediately.

C.I.T. Applicant's Signature

Date

Parent's Signature

Date

*Please note that pending enrollment; your desired location may not be available. If your desired location is not available are you willing to work at another site? ___ **Yes** ___ **No**

Conroe Parks and Recreation Department

Counselor in Training

This form needs to be filled out by CIT applicant.

Name _____

Please answer the following questions completely and carefully.

1. List the characteristics you feel an exceptional C.I.T. should have.

2. List the skills you feel an exceptional C.I.T. should have.

3. What experience have you had that would help you to be an exceptional C.I.T. ?

4. Why do you want to be a C.I.T.?

5. What do you hope to accomplish if you are chosen to be a C.I.T.?

Conroe Parks and Recreation Department

Counselor in Training

Teacher Reference Form

To be completed by a current or former teacher.

Applicant's Name _____

Teacher's Name _____

1. What class do (did) you have the applicant in?

2. Do you think the applicant would be a good caregiver and role model for children in a recreation setting?

3. Does the applicant have good conduct at school?

4. Does the applicant turn in homework on time? Is it completed and neat?

5. Is the applicant courteous to others?

6. Overall impression

Signature

Date

Phone Number

Conroe Parks and Recreation Department

Counselor In Training

Personal Reference Form

To be completed by an adult (not a relative) who has known the applicant for one or more years.

Applicant's Name: _____

Your Name: _____

1. How long have you known the applicant? In what capacity?

2. Do you think the applicant would be a good caregiver for children?

3. Do you find the applicant to be dependable?

4. Do you feel the applicant uses mature judgment?

5. Do you feel the applicant will make a positive role model for young children?

6. Overall impression

Signature

Date

Phone Number

CITY OF CONROE

TITLE: Day Camp CIT
DEPT: Parks and Recreation Department
SUPV: Day Camp Coordinator

PROGRAM PARTICIPANT SUMMARY

The Day Camp Counselor in Training program is intended to provide the participant with experience for future employment as a camp counselor. Although a CIT will never be directly responsible for children, the primary role is to assist with leading and guiding campers in daily programs and activities. The exercise of judgment, initiative, and discretion is required. The role involves an ability to responsibly assist with care for children, express ideas clearly, maintain a clean work environment (including park and buildings used for camp), and assist with the care of supplies and equipment. The role also requires an ability to establish and maintain effective working relationship with staff and other C.I.T. participants and involves physical activities indoors and outdoors.

PRINCIPAL DUTIES & RESPONSIBILITIES:

The listed duties are essential functions that the role has been created to perform. The list of duties is not exhaustive. The CIT may be called upon to perform any task that is implied from the listed duties or is within the scope of the above summary. Attendance and punctuality is an essential function of this position.

OVERALL STRENGTH (STR) DEMANDS:

Sedentary (S) Light (L) Medium (M) Heavy (H) Very Heavy (VH)

DUTIES		STR % TIME	
1.	Assist in providing a safe, fun environment for the campers.	L	30
2.	Assist with keeping the campers active and entertained in a positive manner.	L	30
3.	Build and maintain a positive relationship with the campers.	SL	10
4.	Inspect and clean day camp area before and after duty.	M	20
5.	Maintain effective communication with staff and campers on a daily basis.	SL	10

KNOWLEDGE, SKILLS, AND ABILITIES

Previous experience in working with children. Ability to work with staff in a team environment. Ability to lead games, songs, stories, skits and other traditional camping activities.

MACHINES, TOOLS, EQUIPMENT, AND WORK AIDES

Basic understanding of sports equipment such as volleyball sets, basketball and soccer goals.

PROTECTIVE EQUIPMENT REQUIRED

None

ENVIRONMENTAL FACTORS

Extreme Temperature: YES
Caustic Substances: NONE
Physical Hazards: YES
Respiratory Hazards: NONE

Humidity: YES
Noise: YES
Vibrations: NONE
Other: NONE

EDUCATION, CERTIFICATION, & EXPERIENCE REQUIRED:

- 1. Applicants must be at least 14 years of age, entering the 9th grade and have the desire to work with children.

PREFERRED:

- 1. Previous experience working with children.

SIGNATURES

I have reviewed the above description and I understand the responsibilities.

CIT

Date

Recreation Staff

Date