



COUNSELOR-IN-TRAINING APPLICATION PROCESS 2019:

1) Please return your completed application (no later than April 1, 2019) to:

**Taryn Schrager
Simsbury Recreation Department
933 Hopmeadow St
Simsbury, CT 06070**

tschrager@simsbury-ct.gov

Fax: 860-408-9283

**** Late applications will not be accepted ****

CIT candidates with incomplete applications will not be contacted for an interview

2) You will need to have two references turned in to complete your application – 1 Personal Reference and 1 Teacher Reference. Reference forms can be found at the end of this application packet. The Personal Reference needs to be completed by a non-relative. The Teacher Reference can be from a current or former teacher. It is the responsibility of the CIT candidate to make sure that all forms are turned in before the deadline.

3) You will be contacted by email for an interview after the application deadline of April 1. There are a limited number of CIT positions, and as such they are not guaranteed. Counselor-In-Training Program participation does not guarantee placement as a Camp Counselor or in any other Simsbury Recreation Department position in future years.

4) CIT candidates must be 14 years old by the start of the summer camp season (June 17, 2019).



COUNSELOR-IN-TRAINING APPLICATION 2019

The goal of the Counselor-In-Training (CIT) program is to provide 14 to 15 year olds with the opportunity to be mentored by bright and charismatic camp counselors and staff and to learn the leadership skills that are necessary for them to act as role models for children younger than themselves. CITs will be assigned to a specific group for the duration of a session or placed where needed, and through hands-on experience, will have the opportunity to interact with counselors and instructors in the operation of the Simsbury Recreation Department Summer Camp Programs. CITs will have an extensive amount of direct interaction with program participants and as such should be friendly, approachable and enjoy working with children.

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____ Sex: M F

Address: _____

Best Phone #: _____ Email: _____

Grade in Fall 2019: _____ Age as of 6/19: _____

Parent/Guardian's Name: _____

Cell: _____ Email: _____

How did you find out about the program? _____

Session dates: **Monday, June 17 – Friday, August 9 (may change depending on last day of school)**

- **Cost: \$0, however CIT'S need to commit to at least 6 weeks of the summer program they are assigned to. These are not paid positions.**
- CIT positions are not a guarantee; you will be required to interview and anyone selected to be a CIT will be placed at the camp that the Recreation Supervisor feels will be the best fit.

Have you attended Summer Explorers or Junior Explorers before? Yes No

If yes, what year(s) were you a participant? _____

EDUCATION:

Current School: _____ Current Grade: _____

Favorite Classes: _____

Additional School Activities: _____

GENERAL QUESTIONS:

What types of sports and recreational activities do you enjoy?

What qualities do you feel a good counselor should have? _____

Why do you want to be a Counselor-In-Training (Include what skills you would like to gain from this position)?

What do you feel you can contribute to the program?

What experiences have you had working with others (i.e. babysitting, community service, sports teams, scouting, etc.)

Is there anything else you feel is important and would like us to know about you?

Personal Reference Name: _____

Teacher Reference Name: _____

Applicant Signature _____

Date _____

Parent/Guardian Signature _____

Date: _____



CIT Personal Reference Questionnaire

Applicant's Name: _____

Reference's Name: _____

This person has given your name as a reference that could evaluate his/her character. Please give careful consideration to the questions asked about the applicant. **Remember that this individual will be a role model for a group of young children.** You as a reference are expected to answer openly and honestly about this applicant.

Please answer the following questions:

Describe the relationship you have had with this applicant and for how long?

Why would this individual be a positive role model for children? Please explain.

**Simsbury Recreation Department
Counselor-In-Training Reference Questionnaire**

How would the Simsbury Recreation Department Day Camp Program benefit from having this individual as a CIT?

Are you aware of any problems/concerns that might interfere with this applicant's ability to perform the CIT position?

May we call you for further information? Yes No

The Simsbury Recreation Department greatly appreciates your time and effort. Selecting a positive role model for children is no easy task. Your assistance through this reference will make our difficult selection process easier, enabling us to choose the best candidates for the position. Thank you!

Signed: _____ **Date:** _____

Phone: _____ **Email:** _____

Please return form, which must be received no later than April 1, 2019 to:

**Taryn Schrager
Simsbury Recreation Department
933 Hopmeadow St
Simsbury, CT 06070**

tschrager@simsbury-ct.gov

Or fax to 860-408-9283



CIT Teacher Reference Questionnaire

Applicant's Name: _____

Reference's Name: _____

This person has given your name as a reference that could evaluate his/her character. Please give careful consideration to the questions asked about the applicant. **Remember that this individual will be a role model for a group of young children.** You as a reference are expected to answer openly and honestly about this applicant.

Please answer the following questions:

Describe the relationship you have had with this applicant and for how long?

Why would this individual be a positive role model for children? Please explain.

**Simsbury Recreation Department
Counselor-In-Training Reference Questionnaire**

How would the Simsbury Recreation Department Day Camp Program benefit from having this individual as a CIT?

Are you aware of any problems/concerns that might interfere with this applicant's ability to perform the CIT position?

May we call you for further information? Yes No

The Simsbury Recreation Department greatly appreciates your time and effort. Selecting a positive role model for children is no easy task. Your assistance through this reference will make our difficult selection process easier, enabling us to choose the best candidates for the position. Thank you!

Signed: _____ **Date:** _____

Phone: _____ **Email:** _____

Please return form, which must be received no later than April 1, 2019 to:

**Taryn Schrager
Simsbury Recreation Department
933 Hopmeadow St
Simsbury, CT 06070**

tschrager@simsbury-ct.gov

Or fax to 860-408-9283