



## Counselor-In-Training Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Thank you for your interest in our "Rec Family"

Here at the Old Town Recreation Center, we truly love what we do. We take pride in offering a safe, productive and positive experience for the youth and communities we serve.

We hope you share in this passion, and feel that you would complement our quest to make a difference.

Name: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Parent name: \_\_\_\_\_ Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Appropriate email with which to communicate: \_\_\_\_\_

Do you currently attend school/college? (Yes / No) School/College attending: \_\_\_\_\_

Age Group Preference: Grades K-1 / Grades 2-3 / Grades 4-5 / No preference

Day(s) NOT available? **Monday / Tuesday / Wednesday / Thursday / Friday**

Please list any dates that you are not available this Summer: \_\_\_\_\_

What times of the day work best for you? Morning / Afternoon / All Day / No Preference

Do you have First Aid Training? (Yes / No) CPR Training? (Yes / No) Expiration date: \_\_\_\_\_

Please list any experience, skills, or qualifications you have that would be useful in this environment:

\_\_\_\_\_

Is there any fact or circumstance (criminal offense, neglect or abuse charge, etc.) involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people? (Yes / No)

If yes, please explain: \_\_\_\_\_

Have you ever attended one of our camps? (circle) Yes / No

**Address:** 342 Bennoch Road, P.O. Box 273, Stillwater, ME 04489

**Phone:** (207) 827-3961 **Fax:** (207)827-3993

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**Facebook:** <https://www.facebook.com/OldTownRecreation/>



# Old Town Recreation Center

**Where Recreation, Education, and Community Come Together**

Have you ever been a C.I.T. before? (circle) Yes / No      If so, when and where? \_\_\_\_\_

Please briefly share why you are interested in being a counselor-in-training:

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Please share your prior experience working with children.

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What skills and memories do you hope to gain through this experience?

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Personal References (not including family members):

	Name & Address	Phone #	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

**\*\*\*PLEASE READ CAREFULLY\*\*\***

### APPLICANT'S CERTIFICATION and AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if selected, falsified statements on the application shall be sufficient cause for the Old Town Recreation Center (Herein after known as OTREC) to refuse to permit my continued service as a counselor-in-training. Additionally, I understand that the information I have provided may be verified by a criminal background check, driver's license check, employer references and/ or personal references, and hereby authorize the OTREC to conduct such background checks. I further agree to defend, indemnify and hold harmless, the OTREC Center, its agents, officers, employees, volunteers and others who provide information in connection with this application from liability for any information provided in good faith regarding this application or the information contained in this application.

### INFORMED CONSENT

I, the undersigned counselor-in-training/parent/guardian, understand that: (1) Participation in volunteer projects may be hazardous at times and may result in injury to volunteers or others; (2) I certify that I have no physical or medical condition that, to my knowledge, would endanger others or me if I serve as a counselor-in-training for the OTREC; (3) I agree that in consideration for permission to participate in OTREC counselor-in-training activities, I assume all risks of injury incurred or suffered while participating in such activities; and (4) In the event the above listed applicant requires emergency medical treatment, I hereby give permission for treatment to be given by qualified medical personnel and also give permission to have applicant transported to and treated at a qualified Medical treatment facility.

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## RELEASE / WAIVER OF LIABILITY

In consideration of being permitted to participate in Old Town Recreation Center counselor-in-training activities, I hereby for myself, my heirs, executors and administrators, discharge and release the Old Town Recreation Center, its officers, Board of Directors, agents, employees, representatives and assigns ("Releasees") from all rights and claims, including claims arising directly or indirectly from the Releasees' own negligence, which I have or which may hereafter accrue to me, and any and all damages that may be sustained by me or my minor child directly or indirectly in connection with, or arising out of, my / my minor child's participation as a counselor-in-training for the OTREC.

*As a matter of caution, Old Town Recreation Center strongly recommends that you have accident and health insurance in force when taking part in volunteer activities.* The information on this form and information gathered as part of the OTREC screening process may be public record.

In conclusion, I acknowledge that I am 18 years of age or older and I have read and agree to the above certification and release / waiver of liability; **OR, I am the parent or legal guardian of the minor who is applying to serve as a counselor-in-training.** With this, I have the legal capacity and authority to act for and on behalf of the minor, I have read the terms of the above release and waiver of liability, I consent to the minor participating as a counselor-in-training, and I accept, for and on behalf of the minor, all of the terms of the foregoing release and waiver of liability.

\_\_\_\_\_  
Signature of Applicant / Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_ (Printed name of parent/guardian of applicant under 18 years of age.)

For Old Town Recreation Center Use only:

Background Check Completed: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

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## Counselor-In-Training Handbook

*Please keep this for your records and return the signed final page with your application.*

### Your Role

- Your personal habits, your example of moral character, and your gentle, consistent mannerisms have the opportunity to shine each day you are here. Choose to lead by example.
- To be a great counselor-in-training (CIT), you must show unselfishness and be primarily concerned with the happiness and well-being of every single camper – no matter what choices they may make.
- A CIT should not confide in or share with a camper aspects of his or her personal life. A counselor should not expect to get advice from or lean on a camper as one might a best friend or engage in certain kinds of activities with a camper that one might with friends.
- A CIT is expected to be active and engaged with campers and avoid “grouping up” while on duty.

### Responsibilities

- Assist with supervision and safety of children during activities and off-site excursions.
- Assist and potentially lead group activities, games, arts, crafts, and other projects.
- Interact positively with staff, campers, parents, and the general public.
- Enforce camp rules and guidelines.
- Demonstrate a more mature level than campers.
- Perform other duties as required.

### Safety

- Stay with assigned group at all times unless otherwise stated by the camp counselor.
- Follow directions as given by program leaders.
- Never be alone with children.
- Keep campers' information confidential.
- Notify a counselor if a child is injured...this includes broken or lost teeth, bruises, and cuts. CITs are not permitted to administer any first aid.
- Report problems to supervisors concerning campers and staff.

### Policies

- **Absences:** All CITs are expected to report to camp as scheduled. In the event that you are unable to attend due to illness or injury, you are responsible for notifying OTREC as soon as possible.
- **Cell Phones and Electronics:** Please refrain from using a cell phone during camp hours. CITs needing to make an emergency phone call during the day will have access to the office phone, if necessary. Electronic devices and valuables are not encouraged at camp. On long field trips, a personal iPod, etc. is allowed, but should not be shared.

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- **Dress Code:** Please maintain personal care and wear appropriate camp attire. It is important for parents to know who is responsible for their child and represent the organization, should questions arise. With that being said, CIT shirts are to be worn while at camp. We will issue the appropriate amount and will expect that you keep them fresh and available for your time with us, both on site and on all trips
- **Medication:** All medication must be turned in to the OTRec office. This includes any CIT medications as well.
- **Tattoos/Body Piercings:** We realize that many people wear tattoos and have several piercings in this day and age. OTREC does not find tattoos/piercings to be offensive or immoral but, in the spirit of being mindful of those we serve, it is safe to say that our campers are young and impressionable. With that being said, we will ask you that you keep your tattoo(s) covered at camp (in some situations, we realize there will be a need to make exceptions, but please do so discreetly).
- **Facebook/Computers/Contact with Campers:** We cannot emphasize enough how important your role as a CIT is and how influential it can be. During your time here at the OTREC, we ask that with everything that you post or write that can be read by campers – and parents - will be appropriate. We understand that this position may be seasonal, but your relationships and influence you create is year-round.

#### **OTREC Violence Policy:**

It is the OTREC's policy to promote a safe environment for all employees. OTREC is committed to working with its CITs to maintain an environment free from violence, harassment, intimidation and other disruptive behavior. While this behavior is not pervasive at our agency, no agency is immune.

Potential violence, violence, threats, harassment, intimidation and other disruptive behavior at OTREC will be taken seriously and will be dealt with appropriately. Such behavior can include oral or written statements, gestures or expressions that communicate a direct or indirect threat of physical harm. Individuals who commit such acts may be removed from the premises and may be subject to disciplinary action, criminal penalties or both. These policies will extend to all employees and non-employees such as CITs, clients, customers, vendors, family members, visitors, and strangers.

If you observe or experience such behavior on our premises, or other premises while we are visiting, please report it immediately to a supervisor and/or the Old Town Police Department.

#### **Important telephone numbers:**

Recreation Center	(207)827-3961 / Fax: (207)827-3993
Program Director - Adam Mahaney	(207)949-9218
Police Department	911 or (207)827-3984 (non-emergency)
Fire Department	911 or (207)827-3400 (non-emergency)
Ambulance	911

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*Please return this page with your completed application.*

We have read and understand the OTREC's Counselor-In-Training handbook and abide by all mentioned to the best of my ability. We understand that if infractions occur, each will be addressed according to the level of importance with the Program Director and could result in dismissal from the CIT program.

Counselor-In-Training's Name (please print) \_\_\_\_\_

Signature of CIT \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **The Old Town Recreation Center Mission Statement**

Our mission is to improve the quality of life for our participants through programs and services that are safe and productive, promote a positive attitude through teamwork and community contribution, and offer a path toward healthy choices and a family-centered lifestyle. Let's grow together.

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