

## **CIT (Counselor in Training) Application**

68 Elm St., 2<sup>nd</sup> floor Amesbury, MA 01913 (978) 388-8137 Fax (978) 388-8144 Application should be filled out only by applicant, not parent. **Due May 8, 2023** 

NAME:			
First	MI	Last	
ADDRESS:			
Street	City	State	Zip Code
PHONE:			
PHONE: Home #	Cell #	Parent	's Name
Emergency Contact:	F	Phone:	
Do you have any relatives working for the ci	ty?NoYes		
If so, Name:	Relationship:		-
EDUCATION			
Circle highest grade completed: 8 9	10 11 12		
Name of High School			
City/State/Zip			

List any valid certification(s) and/or licenses earned **pertaining to the position for which you are applying** (Driver's License, Babysitters Training, C. P. R., Lifeguard, etc.).

Please circle which program you are interested in (please choose 1):					
Tadpole (ages 3-5)	Park (ages 6-11)	Camp Kent (Outdoor/Nature)	Tennis	Fishing	
Sailing (must h	nave experience)	Shooting Star (theater grades 1-4)	Swimming		



### Please list any dates or weeks you are not available to work this summer:

<b>WORK EXPERIENCE</b> (Use additional sheet if necessary) Briefly describe your current and/or past work experience (duties and responsibilities)				
VOLUNTEER INFORMATIC Agency	<b>DN: (</b> Please list any volunteer ex Title	perience). Duties	Length of Service	
List previous experience with	children:			
List any hobbies or areas of i	nterest that you have:			
Why do you want to be a cou	unselor in training?			
What do you hope to take ou	t of this experience and how car	n we help?		
	e provide one letter of s, whom you have known for at l		1inisters, Etc)	

T- shirt Size:	Small	Medium	Large	XL	XXL
Name:			Phone# _		
Name:			Phone# _		
			Phone# _		



## **AGREEMENT:**

I agree to serve, if selected, as volunteer counselor in training with Amesbury Recreation Department during the summer of 2023. I will comply with all the following conditions and requirements:

- 1. I agree to conduct myself in a mature, responsible manner and to remember that I am a representative of the City of Amesbury and Recreation Department.
- 2. I agree to attend camp punctually each day. In the event of illness or an emergency, I will call my supervisor as soon as possible to notify him/her of my absence.
- 3. It is understood that since I am not entitled to City of Amesbury's health insurance, worker's compensation programs or any other benefit given to an employee of the City of Amesbury.
- 4. I have read and understand the Counselor in Training 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 Supervisor, I understand that I may be terminated immediately.

## <u>I understand that completion of the application process for the Counselor in Training Program does not guarantee acceptance in the program.</u>

I certify that answers given herein are true and complete to the best of my knowledge without consequential omissions of any kind whatsoever. I agree that the City of Amesbury shall not be liable in any respect if I am disqualified from volunteering because of the falsity of statements, answers, or omissions made by me in this application.

### **Consent to use Photographs**

I understand that photographs may be taken of me at any Youth Recreation program or facility for publication in material used to promote department programs, classes, or events.

### **Waiver for Participation**

I hereby agree to participate in the above listed activities sponsored by the City of Amesbury Youth Recreation Dept. upon the understanding and condition that I agree to abide by the rule, policies, and procedures of the Department and the City. I will not hold the city of Amesbury, its staff, employees, representatives of agents responsible for loss of personal property or for medical or dental expenses incurred as a result of said participation including liabilities, expense, or judgments, attorney's fees or court cost, except claims caused by the gross negligence or willful misconduct of the Department. In the event of injury, I give permission for myself to be transported to the nearest medical facility and have appropriate care administered. I certify that all information given is correct and complete. I recognize that each program may have different requirements and that I must follow all rules, regulations, policies, procedures and guidelines specific to each program.

Parent's Signature	Date:	
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Counselor in Training Applicant's Signature\_\_\_\_\_ Date: \_\_\_\_\_

# Please return to Amesbury Recreation Office - 68 Elm St, 2<sup>nd</sup> Floor Amesbury, MA 01913 by May 8, 2023, with the following:

- 1. \$50 for training, t-shirt, etc.
- 2. A copy of school ID or birth certificate.
- 3. A completed Cori form (call or email and we will send to you) <u>Mentos@amesburyma.gov</u> , 978-388-8137.
- 4. A letter of recommendation.
- 5. This form is completed by CIT (not parent).