



CIT (Counselor in Training) Application

68 Elm St., 2nd floor
Amesbury, MA 01913
(978) 388-8137 Fax (978) 388-8144
Application should be filled out only by the applicant, not parent.
Due May 12, 2025

NAME: _____

First

MI

Last

ADDRESS: _____

Street

City

State

Zip Code

PHONE/EMAIL: _____

CIT cell

CIT email

Parent's Name

Parents email and cell

Do you have any relatives working for the city? ____ No ____ Yes If so, Name: _____

EDUCATION

Circle highest grade completed: 8 -- 9 -- 10 -- 11 -- 12

Name and address of High School

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)



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

WORK EXPERIENCE (Use additional sheet if necessary)

Briefly describe your current and/or past work experience (duties and responsibilities)

VOLUNTEER INFORMATION: (Please list any volunteer experience).

Agency	Title	Duties	Length of Service
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List previous experience with children:

List any hobbies or areas of interest that you have:

Why do you want to be a counselor in training?

What do you hope to take out of this experience and how can we help?

REFERENCES: Please provide one letter of recommendation

Give references, not relatives, whom you have known for at least five years. (Teachers, Ministers, Etc...)

Name: _____

Phone# _____

Name: _____

Phone# _____



AGREEMENT:

I agree to serve, if selected, as volunteer counselor in training with Amesbury Recreation Department during the summer of 2025. 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 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.

I understand that completion of the application process for the Counselor in Training Program does not guarantee acceptance in the program.

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: _____
Counselor in Training Applicant's Signature _____ Date: _____

Please return to Amesbury Recreation Office - 68 Elm St, 2nd Floor Amesbury, MA 01913 by May 12, 2025, with the following:

1. \$75 for training, t-shirt, etc. Register at www.amesburyrec.com, pay and add in t-shirt size.
2. A copy of school ID or birth certificate.
3. A completed Cori form (call or email and we will send to you) recreation@amesburyma.gov 978-388-8137.
4. A letter of recommendation.
5. This form is completed by CIT (not parent).

Interviews will be held in June