



Plattekill Summer Camp

Counselor In Training Application:

FOR 14 & 15 YEARS ONLY – TUITION IS \$125.00

YOU NEED 3 REFERENCE-REFERENCE SHEET ON TOWNS' PAGE

CIT's must enjoy working with children, embrace and be ready for a challenge, be willing to take initiative and work hard, be willing to step out of their own comforts, display outstanding character, and be enthusiastic, creative, self-directed leaders. CITs are chosen based on their application, experience, skills, recommendations, and interview.

CIT's Name: _____ DOB: _____ Phone #: _____

Grade Completed: _____ School Attended: _____ T-Shirt Size: _____

Physical Address: _____

Have you been a camper or CIT before: _____ If yes, camp name: _____

Related Childcare Experience: _____

Special interests, hobbies or talents: _____

Please answer the following questions completely and carefully. The answers you give will directly affect your acceptance and placement.

1. What is your understanding of the responsibilities of a CIT?

2. What makes you a great candidate to be a CIT?

3. Why do you want to be a CIT?

Are you available for the entire 5-week program June 30-August 2: _____ not available: _____

BACKGROUND CHECK WAIVER

****This part needs to be filled out entirely****

It is the policy of the Town of Plattekill and the Dept. of Health to conduct Criminal Background checks on all potential employees/volunteers. Employment/volunteering for the Town of Plattekill is contingent on the results of such checks.

I, _____ (applicant name printed), authorize the Town of Plattekill to make any investigation of my personal, and/or employment history and authorize any former employer, person, firm, corporation, school, or government agency to give the court records, criminal justice records, educational records and employment records that they have in their possession concerning me.

This authorization to obtain records and information does NOT permit the release of my medical records, medical information contained in my employment or educational records, or information relating to any worker's compensation claims that may have been filed in conjunction with any prior employment. In consideration of the Town of Plattekill's review of this application, I am releasing the Town and all persons and entities providing information from any liability whatsoever as a result of furnishing and receiving this information. I also agree that a copy of this release and Waiver from is as effective as the original.

Understand that the information that has been provided will be used solely for the purpose of a background check.

Applicant's Signature

Date

Social Security Number



Plattekill Summer Camp

Applicant References:

You need 3 references

To be filled out by a Current or Past Teacher, Pastor or other adult you have known for more than 2 years (Not to be filled out by any relative). All information is confidential. The information contained will only be used to determine eligibility. Thank you for your time.

Counselor/CIT Name: _____

Reference Name: _____ Reference Phone #: _____

How long have you known the Counselor/CIT and in what capacity (relation)?

Do you think the Counselor/CIT has the maturity to care for children in a recreational setting?

Do you think the Counselor/CIT would serve as a positive role model for the youth summer camp program?

Would you personally be happy to have your own child under this person's direct care and influence?

Is there anything else you would like to share about this Counselor/CIT?

Signature

Date