Wallingford Recreation Counselor in Training Program

Program Outline: This program will provide an opportunity for campers who have aged out of our day camp to continue to attend the program and gain some valuable skills. Under the supervision of our camp directors and senior counselor CIT will assist with the planning and implementation of activities to meet the expectations of the campers and staff. CITs will be expected to be proactive and a supportive team member. They will also assist with the supervision of the younger campers and help in a leadership capacity.

Expectations: CITs are expected to follow all policies, procedures and guidelines for maintaining supervision of campers at all times. CIT will be under the supervision of camp co-directors and senior counselor and will not be expected to provide supervision unassisted. CITs will provide input with planning and implementing daily activities, participate and engage with campers to create an enjoyable experience for all campers. CIT will report to camp on time and for all scheduled hours. They will also strive to maintain a safe and clean environment. CITs will shadow and learn skills to help them become an effective camp counselor (or lifeguard) in the future. Other duties as assigned.

Required Skills: Candidates must be able to engage and participate in all camp related activities in some capacity such as swimming, hiking, sports and crafts. Candidates should be a highly energetic and enthusiastic team player. Candidates should be responsible and able to learn and follow all policies and procedures in order to provide a safe program. Candidates should also have good communication skills and be strong in conflict resolution.

Required Experience: Applicant must be between the ages of 12 & 15, must have completed 6th grade and MUST attend at least one training meeting with a co-director before the start of camp.

If chosen there will be a fee of 25.00 per week for resident/ 30.00 per week for non-resident

WREC Counselor In Training Application

REGISTRATION FORM

Please mail form to: Wallingford Town Hall
75 School Street
Wallingford, VT 05773

Crade Entering in the E			
Grade Entering in the Fall: Birth Date:			
Please circle weeks you June 26- 30 July 3- 7 (No			
Approximate Hours ava	ilable to attend (ca	mp program hours 8:45-4:45)	
1st Emergency Contact:			
Name:			
Home Phone #:			
Cell Phone #:			
Other #			
2 nd Emergency Contact	<u>.</u>		
Name:			
Address:			
Home Phone #:			
Cell Phone #:			
Other #			
Parent/Guardian's emai	l:		
Fees: Resident Nonresident	25.00 per week 30.00 per week		
Have you ever been a C	CIT or counselor (o	r similar experience?) Y N	
Have you attended this	camp previously?	Y N	
If yes, number of years	attending this can	ıp	
Have you attended other	er camps? If so wh	nat camps?	

Please answer the following questions:	
Why do want to become a CIT?	
What do you expect to get out of the CIT	program?
As a CIT, what activities and workshops leading?	would you be most interested in
What age group are you most comfortable What special talents or qualities do you to campers?	
Do you have any certifications such as L course, first aid, CPR, etc.?	ifeguard certificate, babysitting
If chosen as a CIT, I will commit to under responsibilities of being a good camp coperforming my duties as outlined here as fulfill those commitments, I will be dismission.	ounselor. I will commit to not also understand that if I do not
Candidate's Sign	Date
Parent/Guardian Sign	Date