

AYC SUMMER CAMP 2019

Counselor in Training Application



Counselor's in Training (CIT's) must be between the ages of 13-15 Summer Enrichment Program or ages 14-16 for Day Camp Tracy by June 24, 2019.

CIT APPLICATION REQUIREMENTS

1. Completion of the CIT Application
2. Two written recommendations from persons, other than relatives or friends, who are familiar with your leadership abilities (i.e. teachers, club advisors, coaches, etc.)
3. Write an essay explaining why you feel you would make an excellent CIT. Tell us about yourself, what do you love to do? How do you spend your free time? Where do you see yourself in 5 years?

PURPOSE & PHILOSOPHY

The CIT Program will assist in providing instruction through practical experience and hands-on learning to acquire life and leadership skills through leadership development, values clarification, and problem solving-techniques.

CIT PROGRAM INFO

The CIT program is for teens who have a desire to become a camp/childcare counselor. There is no fee to become a CIT with the Alfond Youth Center's day camps. CIT's are considered campers AND volunteers and will be expected to complete required tasks and duties as assigned. There will be a limit of 12 accepted applicants per week into the CIT program.

During the summer, CIT's will focus on behavior management, communication, team building, and learning to get along with other CIT's, campers, and staff members. The CIT's will assist group counselors in leading games, songs, activities, and will be assigned daily duties around camp. CIT's will be allowed to participate in activities with their assigned groups as well as swimming and field trips.

APPLICATION SUBMISSION

All applications must be submitted to the Welcome Center at the Alfond Youth Center or to the Directors listed below.

Day Camp Tracy CIT Applications:

Kurt Mathies, Director of Camps & Trips
kmathies@alfondyouthcenter.org
207-873-0684 (school year)

Summer Enrichment Program CIT Applications:

DJ Adams, Childcare Coordinator
dadams@alfondyouthcenter.org
207-873-0684

Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth Center
126 North Street, Waterville, Maine 04901 P: 207-873-0684 F: 207-861-8016
clubayc.org facebook.com/aycmaine camptracy.org facebook.com/camptracy1968

Camp Tracy CIT Training:

During training sessions, the CIT will focus on building a foundation of knowledge about Camp Tracy policies, procedures and programs. Topics of emphasis will include behavior management, camper characteristics, and communication. During the camp season, CIT's will learn specific skills in specialty areas, work directly with village groups, and concentrate on developing leadership skills.

CIT's are required to attend as much of Staff training as they can. CIT's are also required to attend the first two sessions of camp (Jun 24-Jul 5, 2019) and minimum of two additional sessions.

Information will be provided to you regarding training sessions once accepted to the program.

Summer Enrichment Program CIT Training:

During training sessions, the CIT will focus on building a foundation of knowledge about the Summer Enrichment Program's policies, procedures and programs. Topics of emphasis will include behavior management, camper characteristics, and communication. During the camp season, CIT's will learn specific skills in specialty areas, work directly with village groups, and concentrate on developing leadership skills.

CIT's are required to attend as much of Staff training as they can.

AYC SUMMER CAMP 2019

Counselor in Training Application



CIT REGISTRATION & EMERGENCY INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age as of 6/24/19 _____ Gender _____ Grade Fall 2019 _____ TShirt Size _____

Parent/Guardian Name _____ Phone _____ Phone _____

Email _____ Work Phone _____ Alumni of Camp Tracy _____

Parent/Guardian Name _____ Phone _____ Phone _____

Email _____ Work Phone _____ Alumni of Camp Tracy _____

With whom does the child live? _____ Parent active in Military/National Guard _____

Emergency Contact (other than parent/guardian) _____ Phone _____

Emergency Contact (other than parent/guardian) _____ Phone _____

CIT Phone _____ CIT Email _____

CIT PICK-UP AUTHORIZATION

I, _____ (parent/guardian) give permission for the following people to pick-up my child(ren) _____ from the Summer Enrichment Program, Day Camp Tracy, and/or the Boys & Girls Clubs and YMCA of Greater Waterville at the Alford Youth Center. I will notify the program director in person regarding any modifications to this list if situations change. The only person(s) allowed to pick-up my child(ren) from the program are:

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Please indicate if you are using a taxi service for transportation. We will not release a child to a taxi driver without written or verbal permission from the parent/guardian. The pick-up persons must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No persons under the age of 14 will be allowed to sign out or take custody of a child. Photo ID is ALWAYS REQUIRED.

CIT MEDICAL INFORMATION

Has your child ever been hospitalized? _____ If yes, please explain: _____

Does your child take medication? _____ If yes, please list medications and dosages: _____

Allergies? (hay fever, bee stings, food, asthma, etc.):

Doctor's note required for food allergies with recommended alternative suggestions.

Is your child allergic or sensitive to any medication? _____

Date of child's last tetanus shot: _____

In case of emergency, my child may be treated at: _____ MaineGeneral _____ Northern Lights Inland

**Please indicate if your child has any dietary, physical, or emotional concerns his or her counselor's should be aware of. _____

****IMPORTANT** - Medications can only be administered to a child in the prescription bottle with the physician's name, exact dosage, etc. Ask your pharmacist to administer prescriptions in separate bottles, for home, school, childcare, and camp. Forms are available from the Director, and must be completed before any medications can be administered.

CAMPER EMERGENCY INFORMATION

In case of emergency, illness or accident while in attendance at one of our camps, please state your preference for the procedure we take.

Please number the contacts in order in which you would like us to proceed:

_____ Contact parent/guardian _____ Phone _____

_____ Contact parent/guardian _____ Phone _____

_____ Contact family doctor _____ Phone _____

_____ Contact family dentist _____ Phone _____

_____ Use discretion and seek medical attention if I cannot be contacted by phone. It is understood that my child will be transported to hospital of my choice (above) in an emergency situation.

_____ Please list any other instruction you wish: _____

Consent: In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to Day Camp Tracy or Summer Enrichment Program staff to follow the above order or procedure. My permission continues until I revoke it by notifying the director in writing. I will be responsible for any/all costs associated with medical attention or treatment.

Signature of Parent/Guardian

Date

CONFIDENTIAL INFORMATION

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Household Income:

____ \$0-\$18,000 ____ \$18,001-\$24,000 ____ \$24,001-\$50,000 ____ \$50,001-\$75,000 ____ \$75,001-\$100,000

____ \$100,001+ ____ Decline to answer

Check all that apply:

____ SSDI ____ food stamps (SNAP) ____ General Assistance ____ TANF ____ School Lunch Program

____ Day Care Volunteer ____ Teen Parent ____ Veteran Compensation

Family Setting:

____ Foster Care ____ Single Parent Family ____ Grandparent (s) ____ Other

Is your child a U.S. Citizen? ____ Yes ____ No

Physical or mental limitation: _____

Race-Nationality:

____ African-American ____ Arab ____ Native American ____ Asian ____ Hispanic

____ Caucasian (white) ____ Russian ____ Multi-Racial Other: _____

POLICIES & PERMISSIONS

Policy with Description	Parent/ Guardian Initials
Initials to the right of each policy signifies the parent/guardian having read and agreed to the policy as stated either in the AYC Summer Camp Registration Form or in the Parent Handbook.	
Photo Release - I hereby irrevocably consent to and authorize the use and reproduction by the Alford Youth Center, the Summer Enrichment Program and Camp Tracy (hereinafter AYC, SEP, and CT), of any and all photographs/videos which may be taken by or for AYC, SEP, and CT during the Recreation and/or Participation in all activities in which my child is participating related thereto, for advertisement or promotional purposes, without further compensation to me. All negatives, positives, and digital copies with the prints shall constitute property of AYC, SEP, and CT, solely and completely.	
Discipline, Suspension & Dismissal - When children do not display responsible behavior, our goal is to correct the behavior. Our discipline policy is stated in the Parent Handbook. We file and record all incidents and refer back to them when considering suspension. I understand that the Summer Enrichment Program and Camp Tracy will take necessary disciplinary actions regarding all inappropriate behavior and will strictly follow the discipline policy as outlined in the Parent Handbook.	
Health or Behavior Pick-Up - Parents/guardians are required to make an immediate pick-up for behavior problems, illness, lice or bathroom accidents. If the illness is contagious, a doctor's note or approval from the Director will be required upon return.	
Impairment - If the program staff feel the adult picking up the child(ren) is under the influence of drugs or alcohol, the staff will strongly recommend that another person is called for pick-up. If the recommendation is not acted upon, the staff will notify the policy department. I have understood the impairment policy.	

CAMP SELECTION & REGISTRATION

SUMMER ENRICHMENT PROGRAM - Waterville						
Dates	All Week	Mon	Tues	Wed	Thurs	Fri
Jun 24-28						
Jul 1-5 CLOSED						
Jul 8-12						
Jul 15-18						
Jul 22-26						
Jul 29-Aug 2						
Aug 5-9						
Aug 12-16						
Aug 19-23						

DAY CAMP TRACY - Oakland				
			Pick-Up & Drop-Off Location	
Dates	Camp Tracy Week	Ext. Care	Alfond Youth Center	Camp Tracy
Jun 24-28				
Jul 1-3 & 5 Closed Jul 4				
Jul 8-12				
Jul 15-18				
Jul 22-26				
Jul 29-Aug 2				
Aug 5-9				
Aug 12-16				

CAMP SKILLS

On a scale of 1-5, rate your skill in each area (1=Low; 5=High):

____Swimming	____Sports	____Musical Instrument
____Canoeing	____Nature Identification	____Drama/Performing Arts
____Paddle Boarding	____Nature Crafts	____Arts & Crafts
____Kayaking	____Orienteering	____Drawing/Painting
____Ropes Course	____Outdoor Cooking	____Fishing
____Rock Climbing	____Outdoor Living Skills	____Story Telling
____Knots	____Ecology	____Archery
____Games	____Singing	

EXPERIENCE IN CLUBS, ORGANIZATIONS OR TEAMS

Club/Organization/Team Name

Years Experience

Position

OTHER RELATED LEADERSHIP OR WORK EXPERIENCE

Leadership Courses Taken: _____

Leadership Experience: _____

Work or Volunteer Experience: _____

CERTIFICATIONS

Please list date and place certified as well as level achieved and certifying organization:

Swimming (circle verifying organization) American Red Cross YMCA BSA _____

First Aid/CPR _____

