

AYCC After School Program

Counselor in Training Application



Counselor's in Training (CIT's) must be between the ages of 13-15 by August 31, 2020.

CIT APPLICATION REQUIREMENTS

1. Have a valid AYCC Youth, Family or Teen Membership through the school year.
2. Completion of the CIT Application
3. Two written recommendations from persons, other than relatives or friends, who are familiar with your leadership abilities (i.e. teachers, club advisors, coaches, etc.)
4. Answer the questions found on the second to the last page of this application.

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.

The CIT program is for teens who have a desire to become a childcare counselor. There is no fee to become a CIT with the After School Program. CIT's are considered 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.

CIT PROGRAM INFO

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

All applications must be submitted to the Welcome Center at the Alford Youth & Community Center or to the Director listed below.

APPLICATION SUBMISSION

Avery Ryan, ASP Support Specialist
AYCC - After School Program
126 North Street
Waterville, ME 04901
aryan@clubaycc.org
P: 207-873-0684
F: 207-861-8016

AYCC After School Program

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 2020 _____ TShirt Size _____

Parent/Guardian Name _____ Phone _____ Phone _____

Email _____ Work Phone _____

Parent/Guardian Name _____ Phone _____ Phone _____

Email _____ Work Phone _____

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 After School Program, and/or the Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community 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.

Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center

126 North Street, Waterville, ME 04901

P: 207-873-0684 | F: 207-861-8016 | clubayc.org

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 After School 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 AYCC After School Program CIT Registration Form or in the Parent Handbook.	
Photo Release - I hereby irrevocably consent to and authorize the use and reproduction by the Alford Youth & Community Center, the After School Program (hereinafter AYCC and ASP), of any and all photographs/videos which may be taken by or for AYCC & ASP 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 AYCC & ASP, 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 ASP 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 (within one hour) 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.	

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 _____

AFTER SCHOOL PROGRAM QUESTIONS (REQUIRED FOR ASP)

Why are you interested in working as a CIT in our program? _____

What are some skills and interests that you bring with you into this role? _____

What are some skills you wish to improve through this role? _____

What experience do you have overseeing and mentoring youth? _____

Do you have a particular age group you are interested in working with? _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Boys & Girls Clubs and YMCA of Greater Waterville at the Alford Youth & Community Center (herein known as AYCC) Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in AYCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with AYCC participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with AYCC participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in AYCC programs or accessing AYCC facilities could increase the risk of contracting COVID-19.** The AYCC in no way warrants that COVID-19 infection will not occur through participation in AYCC programs of accessing AYCC facilities.

Initial _____

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in AYCC activities/programs I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the AYCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in any AYCC activities/programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's AYCC activities/programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in AYCC activities/programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in AYCC activities/programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in AYCC activities/programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Initial _____

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)