Rock Hill Day Camp Counselor In Training (CIT) Volunteer Application

Camp Location: TBD (Either Hudson Elementary School or Givens Elementary School)
Camp runs June 3-July 12, Monday-Friday 9am-3pm (No camp June 19 or July 4)
CIT Training: Training will be offered the week of May 28, Date/Time TBD

The Counselor In Training (CIT) program is a volunteer program designed to give youth the opportunity to work in a camp setting. It is expected of all CIT's to take full advantage of the experience they have been given to gain the knowledge needed to become a camp counselor.

CIT Eligibility:

- 1. Applicant must be at least 13 years of age to work as a CIT.
- 2. Applicant must be available for a minimum of two weeks of camp. CIT's will not be accepted on a part-time basis and must volunteer for the full day. CIT's, must report to work each day at 9 a.m. and will be dismissed at 3 p.m.
- 3. Applicant must complete the attached application and submit **1** character reference and **a** letter of recommendation from adults that are not family.

CIT Responsibilities:

- 1. Assist counselor in supervising, planning and implementing camp activities.
- 2. Assist counselor in maintaining a safe and fun environment for campers.
- 3. Provide ideas and suggestions to better the camp program.
- 4. Work with camp staff with set-up, clean-up and keeping the camp location clean.

Applicants and parents must understand that this program <u>does not</u> exist as a day care program. Those that are hired as CIT's will be treated as camp staff and expected to act as such. CIT's that do not follow the staff rules and behave as campers will be immediately dismissed from the program.

For more information, contact Katy Nieman at knieman@rockhillmo.net or 314-561-4304.

Return to: knieman@rockhillmo.net

Mail to: Rock Hill City Hall, Attn: Katy, 827 N. Rock Hill Rd., Rock Hill, MO 63119

Name _______ Date

Address ______ Phone Number ______

Date of Birth ______ Age _____ Grade Entering ______

E-mail Address ______ @_____

Emergency Contact Name & Phone Number______

| Please mark the | weeks you are a | vailable to volunt | eer: | | | |
|-----------------------|------------------|---------------------|----------------------|-------------------------|------------------|--|
| 6/3-6/7 | 6/10-6/14 | 6/17-6/21 | 6/24-6/28 | 7/1-7/5 | 7/8-7/12 | |
| Are you available | to attend train | ing the week of M | lay 28?Yes | No | | |
| | | | | | | |
| Do you have expo | erience in worki | ng with kids? If so | o, please explain | | | |
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| | | | g at camp? | | | |
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| | | numbers of 1 adu | ult reference not re | elated to you. A | ulso include one | |
| Name | | Relationship | | Phone Nu | ımber | |
| 1 | | | | | | |
| Applicant's Signature | | | Date | | | |
| Parent's Signatur | · A | | Date | | | |