

Town of Poughkeepsie Recreation Department

1 Overocker Road
Poughkeepsie, NY 12603

Phone (845) 485-3628
Fax (845) 485-3616

2012 Counselor In Training Program Application

Thank you for your interest in the Counselor in Training Program of the Town of Poughkeepsie Recreation Department. The Counselor-In-Training program is a youth leadership development program for young people at least 14 years old.

CITs are participants in this job skills-leadership development program. They are not employees of the Recreation Department.

The program consists of three parts:

- Job Skills Education:
 - Filling out an application, participating in an interview
- Leadership Skills Training:
 - Basic leadership and camp staff skills are taught as part of the mandatory Orientation Session June 27-29.
- Skill Application:
 - **Volunteer** for a minimum of three weeks to assist the camp staff at our Day Camp.

Participants must attend the leadership orientation sessions and then *volunteer* to help in the Day Camp Program for any three camp weeks. **Applicants must be 14 years old by July 1, 2012.**

The costs of this program are partially underwritten by a Youth Development/Delinquency Prevention grant from the Dutchess County Youth Bureau and the NYS Division for Youth.

Applications received by April 30, 2012 will be reviewed first. Interviews will be conducted in May and June. Extra consideration will be given for current certification in First Aid, CPR, etc. Please attach copies of the certification.

Great trust is placed in the department by the families of the participants and the town as a whole. Every effort will be made to recruit, select and train the most qualified Counselors in Training available. All applicants can expect that their backgrounds, references and ability to work with youth will be checked. All participants are required to demonstrate a positive example, especially to the young people in the day camp program.

This application is NOT an employment application. To apply for employment use the 2012 Recreation Department Seasonal Employment Application.

Incomplete or illegible applications will not be considered.

If you have any questions please contact us at (845) 485-3628 or rec@townofpoughkeepsie-ny.gov .

www.PoughkeepsieTownRec.com



2012 COUNSELOR IN TRAINING PROGRAM APPLICATION

**Town of Poughkeepsie
Recreation Department
One Overocker Road,
Poughkeepsie, NY 12603**

This application must be completed and signed personally by the applicant and a parent/guardian. Each question must be answered in full. We will consider all applications without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class.

Name (First Middle Last)	Email Address	Cell Phone Number												
Parent's/Guardian's Name	Parent's/Guardian's Email Address	Parent's/Guardian's Cell Phone Number												
Address (Street / City / State / Zip)		Home Phone Number												
Date of Birth		Age (as of July 1, 2012)												
<p>Check which weeks you are available:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Training Week June 27-29 (Mandatory)</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 33%;"></td> </tr> <tr> <td>Week 1 July 2-6</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Week 2 July 9-13 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Week 3 July 16-20</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Week 4 July 23-27 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Week 5 July 30-August 3</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Week 6 August 6-10 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>			Training Week June 27-29 (Mandatory)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Week 1 July 2-6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Week 2 July 9-13 <input type="checkbox"/> Yes <input type="checkbox"/> No	Week 3 July 16-20	<input type="checkbox"/> Yes <input type="checkbox"/> No	Week 4 July 23-27 <input type="checkbox"/> Yes <input type="checkbox"/> No	Week 5 July 30-August 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Week 6 August 6-10 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Why do you want to be a CIT?														
<p>Have you ever been a CIT before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where?</p>														
Describe your experience with children and give their ages.														
<p>What is the youngest child you have ever been responsible for? _____ The oldest? _____</p>														
What are the top five things at which you are the best?														
What is one thing you would like to improve about yourself?														

PLEASE PRINT LEGIBLY

Name _____

References: ALL must be a non-relative over 21 years of age

Name	How do you know this person?
Address/City/State/Zip	Years Known
Phone Number	
Name	How do you know this person?
Address/City/State/Zip	Years Known
Phone Number	
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Address/City/State/Zip	Years Known
Phone Number	

Please note here other information you would like us to know.

Certification

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination from the program. I understand that a background check may be conducted. I also authorize investigation of my employment record and references, and any other information contained on this application, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that this application is for the Counselor in Training Program and is not for employment, and that, if selected, I will not be an employee of the Town of Poughkeepsie Recreation Department.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

PLEASE PRINT LEGIBLY