

Town of Poughkeepsie Recreation Department

1 Overocker Road
Poughkeepsie, NY 12603

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

2020 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 between 15 and 18 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 Sessions (the evening of June 12 and all day June 13).
- Skill Application:
 - **Volunteer** for a minimum of three weeks to assist the camp staff at our Day Camp. Camp will run from June 29 to August 14.

Participants must attend the leadership orientation sessions and then volunteer to help in the Day Camp Program for any three camp weeks.

Age Requirements

- **Counselors In Training must be 15 years old and not older than 18 on July 1, 2020.**
- This year we are offering a “Senior Camper” program for 13 and 14 year olds. You can register for that program on our website www.PoughkeepsieTownRec.com.
- A limited number of 16 and 17 year olds are employed as Camp Staff Members. If you wish to apply for a paid Camp Staff Member position, you must use the Seasonal Employment Application.

Applications received by May 15, 2020 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 2020 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.

PLEASE TYPE OR PRINT LEGIBLY

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2020 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)	
Check which weeks you are available:		
Week 1 June 29 - July 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Week 2 July 6 -10 <input type="checkbox"/> Yes <input type="checkbox"/> No
Week 3 July 13-17	<input type="checkbox"/> Yes <input type="checkbox"/> No	Week 4 July 20-24 <input type="checkbox"/> Yes <input type="checkbox"/> No
Week 5 July 27- 31	<input type="checkbox"/> Yes <input type="checkbox"/> No	Week 6 August 3-7 <input type="checkbox"/> Yes <input type="checkbox"/> No
Week 7 August 10-14	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Why do you want to be a CIT?		
Have you ever been a CIT before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		
Describe your experience with children and give their ages.		
What is the youngest child you have ever been responsible for? _____ The oldest? _____		
What are the top five things at which you are the best?		

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Name _____

Education

Name and Location of School

Year in School this Fall

Favorite Subjects

Please list your extracurricular activities, sports, outside groups and hobbies. Include any leadership roles.

Certifications and Skills

Please attach copies of certificates

	Course Name	Course Provider	Expiration Date
CPR			
First Aid			
Lifeguarding			
Other			

Present or Last Employer

Company	Phone Number
Address	City State Zip
Employment Dates (Month/Year)	Salary
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

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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	
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	

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: _____

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