



## Raritan Valley YMCA

# COUNSELOR-IN-TRAINING (CIT) PROGRAM

The Raritan Valley YMCA offers a Counselor-In-Training (CIT) program for campers ages 14 and 15 years, entering 9<sup>th</sup> or 10<sup>th</sup> grade. The CIT program is for campers who have aged out of traditional day camp programs and is a great way to continue the camp experience while developing leadership skills and building self-confidence. The CIT program is designed to help participants learn the skills necessary to be an effective camp counselor working with children. CIT's help camp build a strong team that helps children make new friends, assists with projects, leads special events, implements daily programs, provides guidance to campers with counselor support, and assists with camp activities.

The CIT program has been designed to pay special attention to developing the leadership skills of participants, learning about the developmental stages of children, and exploring the benefits of volunteer and philanthropic experiences. CIT's spend a large portion of their day interacting with age-appropriate groups (campers ages 4-10 years old). CIT's will also have a great time being part of the YMCA summer camp leadership team and will participate in all special events, trips and swim as part of their experience.

CIT's registered **before May 15<sup>th</sup>** are offered the opportunity to join camp staff at our first pre-camp training held on Saturday, June 2, 2018 from 9am-3pm.

Please send this CIT Application and Camp Registration Forms back as soon as possible. Please note that the CIT program is highly competitive and unfortunately not all applicants can be accepted. Preference will be given to applicants who were campers or have comparable camp experience elsewhere. If you have any questions please feel free to call at (732)-257-4114 or email to [PSrivastava@RaritanValleyYMCA.org](mailto:PSrivastava@RaritanValleyYMCA.org).

I look forward to hearing from you soon.

Sincerely,

Preeti Srivastava

Senior Program Director, Child Care & Camps

## **The Benefits of the CIT Program**

Learn vital life skills that will enrich your life

Spend your summer in a rewarding camp environment.

Gain experience leading children in the camp environment.

Make lifelong friendships, have fun and create unforgettable memories

## **The Right Fit**

Share our belief in YMCA core character values.

Share our love of camp, children and the outdoors.

Share our philosophy of putting the needs of others before your own.

Share our commitment to excellence in safety, courtesy, and all that we do.

Share our commitment in being positive role models for the children in our care.

Exhibit a positive mature attitude, be fun and enthusiastic, and love being around children.

## **The Commitment**

CIT's must commit to at least one of the 4-week sessions, single weeks may be added.

CIT's may attend our first pre-camp staff trainings (if registered by May 15<sup>th</sup>).

CIT's must exhibit YMCA character values of: Honesty, Caring, Respect, & Responsibility

## **The Application Process**

Ask parent/guardian to complete the CIT Recommendation form

Complete the attached CIT Program Application & Camp Registration Form

Return all forms to: Raritan Valley YMCA, 144 Tices Lane, East Brunswick, NJ 08816

## **The Acceptance Process**

Once we have received all forms, we will contact you to schedule an interview.

Once accepted, all payments are required in compliance with deposit/fee schedules.





## Raritan Valley YMCA

# COUNSELOR-IN-TRAINING (CIT) APPLICATION

### Statement of Agreement

We understand the CIT program is highly competitive and some participants may not be chosen to participate in the program. Preference will be given to applicants who are previous YMCA campers or have comparable camp experience elsewhere. Applicants who do not participate in the CIT program are encouraged to reapply for the following summer.

If selected to participate in the CIT program, we understand that we must commit to at least one of the 4-week sessions, and single weeks may be added. We are aware that this is a service and leadership program and that the discounted rate reflects the work that I will be expected to complete. I am also aware that participating in the CIT program does not guarantee future employment.

We understand that the participants in the CIT program must adhere to all Raritan Valley YMCA camp rules and policies and cooperate with the camp director and CIT leaders in all matters. We understand that CIT's are registered as campers in the care of the YMCA staff. If CIT's need walk-home waivers (instead of being signed in/out by a parent/guardian each day), one can be provided.

We are aware that failure to live up to the high standards of the CIT program may result in my dismissal from camp, with no refunds. We recognize that attitudes, words, and actions are critical to the success of camp and that CIT's will be seen as a role model to younger campers. CIT's promise to do their best in reflecting the four core values of the YMCA: Caring, Honesty, Respect and Responsibility.

CIT Applicant Name: \_\_\_\_\_

CIT Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**This form should be completed by the CIT with a parents' guidance, if needed.**

CIT Applicant Name: \_\_\_\_\_

**Leadership Experience**

Please describe any leadership positions you have held in school or other organizations:

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**Camp Experience**

Please list your camp experiences. If you have not attended camp, please leave blank.

Camp: \_\_\_\_\_ Type of Program: \_\_\_\_\_

Camp: \_\_\_\_\_ Type of Program: \_\_\_\_\_

**Tell Us About Yourself**

Why do you want to participate in the CIT program:

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What qualities do you think characterizes a good leader?

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How would you want to make campers feel in your group if selected to be a CIT?

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**SELF-REFLECTION FORM** to be completed by the CIT Applicant

CIT Applicant Name: \_\_\_\_\_

**Please rate yourself (10 being highest) on the following and respond to the questions, which are significant to how you would perform in the CIT Program.**

Positive Attitude	1	2	3	4	5	6	7	8	9	10
Enthusiasm	1	2	3	4	5	6	7	8	9	10
Taking Initiative	1	2	3	4	5	6	7	8	9	10
Working with Others	1	2	3	4	5	6	7	8	9	10
Love of Children	1	2	3	4	5	6	7	8	9	10
Friendship Skills	1	2	3	4	5	6	7	8	9	10
Happiness	1	2	3	4	5	6	7	8	9	10

**HONESTY**

**How would you describe your respect for others?**

**CARING**

**How would your friends describe how you treat them?**

**RESPONSIBLE**

**Why do you think you are responsible enough to become a CIT?**

**RESPECTFUL**

**How would you describe respect?**

CIT Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Recommendation Form** to be completed by the Parent/Guardian

CIT Applicant Name: \_\_\_\_\_

**Please rate your child (10 being highest) on the following and respond to the questions, which are significant to how you would perform in the CIT Program.**

Positive Attitude	1	2	3	4	5	6	7	8	9	10
Enthusiasm	1	2	3	4	5	6	7	8	9	10
Taking Initiative	1	2	3	4	5	6	7	8	9	10
Teamwork	1	2	3	4	5	6	7	8	9	10
Relating to Children	1	2	3	4	5	6	7	8	9	10
Social Skills	1	2	3	4	5	6	7	8	9	10
Happiness	1	2	3	4	5	6	7	8	9	10

**HONESTY**

**How would you describe your child's respect for authority?**

**CARING**

**How would you describe your child's treatment of siblings and friends?**

**RESPONSIBLE**

**How would you describe your child's ability to manage chores/household responsibilities?**

**RESPECTFUL**

**How would you describe your child's ability to manage time and keep on schedule with others' needs?**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Camper Information

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender F \_\_\_ M \_\_\_  
Age as of 7/1/18 \_\_\_\_\_ Grade as of 9/18 \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/Zip \_\_\_\_\_

#### Parent/Guardian (1—Primary)

Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Primary Phone # \_\_\_\_\_  
Alternate Phone # \_\_\_\_\_  
Employer \_\_\_\_\_  
Primary email (required): \_\_\_\_\_

[Email is our primary method of communicating camp information, schedules, and last-minute changes throughout the summer. Note that invoices are ONLY sent to the primary email.]

#### Parent/Guardian (2—Secondary)

Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Primary Phone # \_\_\_\_\_  
Alternate Phone # \_\_\_\_\_  
Employer \_\_\_\_\_  
Secondary Email \_\_\_\_\_

[Invoices are only sent to the primary email, NOT this email.]

How did you find out about our summer camp?  
\_\_\_\_\_

#### Additional Authorized Contacts (Required)

In case of emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. (Photo ID required.)

1. Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Relation \_\_\_\_\_  
2. Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Relation \_\_\_\_\_

#### Non-Authorized Contacts

Please list anyone who is not authorized to contact your child at any time. (Provide legal documents if parent.)

1. Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Relation \_\_\_\_\_  
2. Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Relation \_\_\_\_\_

#### Camper Friend Request

\_\_\_\_\_ [Both friends must request each other and be in same camp.]

### Health History

Allergies: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Current or past medical treatment that would affect your child's day at camp: \_\_\_\_\_

Activities your child should be restricted from: \_\_\_\_\_

Any physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp? (If we can address any further needs to help your child be successful at camp, a separate letter is encouraged.)  
\_\_\_\_\_  
\_\_\_\_\_

List any current medications: \_\_\_\_\_

Medications must be in original container accompanied by a Permission to Medicate form with written instructions. Example: Epi pen must be in original container. Campers may not carry medication at any time.

Medication allergies: \_\_\_\_\_

#### Current Immunizations (Required)

Date of last tetanus shot: Month \_\_\_\_\_ Year \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Group policy # \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone # \_\_\_\_\_

Dentist \_\_\_\_\_

Dentist Phone # \_\_\_\_\_

This health history is correct as far as I know and my school-age child has vaccination records on file with the NJ Board of Ed, OR I exempt my child from vaccinations due to the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_

I also attest my child is in good health and has permission to engage in all the normal activities and trips of camp in the care of the camp staff.

**I understand I must also return a completed Universal Health Record with a doctor's signature to participate in any preschool camp program, including Explorers.**

#### Permission to Treat/Informed Consent

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the Y to transport, hospitalize, and secure proper treatment, order x-rays, routine tests, injections, anesthesia, or surgery, and to release any records necessary for insurance purposes for my child as named above and to release any records for treatment, referral, and insurance purposes.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

# Registration Form 2018 YMCA Camp Yomeca (please check weeks registering for)

Session (Weekly)	0 June 18-22	1 June 25-29	2 July 2-6 <small>No camp 7/4</small>	3 July 9-13	4 July 16-20	5 July 23-27	6 July 30 - Aug 3	7 Aug 6-10	8 Aug 13-17	9 Aug 20-24	10 Aug 27-31	Total Week s
Explorers (Ages 3 - 4)	_\$275	_\$275	_\$220	_\$275	_\$275	_\$275	_\$275	_\$275	_\$275	_\$275	_\$275	
Explorers (Ages 4 - 5)	_\$275	_\$275	_\$220	_\$275	_\$275	_\$275	_\$275	_\$275	_\$275	_\$275	_\$275	
Achievers (grades K-1)	6/18, 6/19, 6/20, 6/21, 6/22 (\$300 weekly, \$65 daily) (Vacation Camp)	_\$310	_\$250	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	6/18, 6/19, 6/20, 6/21, 6/22 (\$300 weekly, \$65 daily) (Vacation Camp)
Achievers (grades 1-3)		_\$310	_\$250	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	
Achievers (grades 3-5)		_\$310	_\$250	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	
Adventurers (grades 5-6)		_\$310	_\$250	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	
Adventurers (grades 6-7)		_\$310	_\$250	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	_\$310	
Voyagers (grades 6-8)		_\$330	_\$265	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	
Counselor-in-training (grades 9-10) (Send CIT application and registration form)					_\$570 / 4 weeks			_\$600 / 4 weeks				
		_\$140	_\$175	_\$175	_\$175	_\$175	_\$175	_\$175	_\$175	_\$175		
Specialty Camps	DANCE CAMP			TENNIS CAMP			THEATRE CAMP					
Grades for specialty camps:	K — 8			1 — 4			K — 8					
	_\$935 / 3 weeks			_\$725/2 weeks			_\$995 / 3 weeks					
	_\$345	_\$275	_\$345	_\$375	_\$375		_\$345	_\$345	_\$345			
Camp is from 9:00am to 4:00pm. AM/PM care is available. Must pre-register in advance below.								<b>Combined Total Weeks:</b>				
AM Care (7:00 - 9:00am)		___ \$0	___ \$0	___ \$0	___ \$0	___ \$0	___ \$0	___ \$0	___ \$0	___ \$0		(AM)
PM Care (4:00 - 7:00pm)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	___ \$0		(PM)

## Deposit Summary

\$70 Annual Membership Fee \$ \_\_\_\_\_

Total Weeks \_\_\_ x \$100 Deposit Per Week (applied to camp tuition) \$ \_\_\_\_\_

Y Annual Campaign Donation—Please consider giving the Gift of Camp \$ \_\_\_\_\_ (optional)

Total Amount Due at Time of Registration \$ \_\_\_\_\_

Balances will be invoiced, may be paid at time of registration, and are due on: 6/4/18 for weeks 0 to 3

\*Auto-draft is available. Balances will be charged on due dates. Request form, if preferred. 6/25/18 for weeks 4 to 6

7/16/18 for weeks 7 to 10

STAFF USE ONLY
Forms Completed _____
Membership _____
Fees Processed _____
Auto Draft _____

## Parent/Guardian and YMCA Agreement

**Rules for Acceptance and Participation in Camp**—are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities and range of behavior patterns. The Y reserves the right to dismiss a child from camp whose special needs we are not able to meet, or whose conduct is not in the best interest of the total camp, without refund. I have reviewed all policies and am aware of all policies and procedures in the camp parent handbook available on the RVY website.

**Refund Policy**—Membership and deposit fees are non-refundable and non-transferable. It is understood that, in the case of dismissal or voluntary withdrawal, there are NO refunds of camp fees after a session has started. If camper must be dismissed for medical reasons, unused sessions may be refunded. Any requests for cancellations must be completed on a form available at the Y's Welcome Center.

**Additional Fees**—All camp activities, trip fees, and extended care from 7:00am-7:00pm are included in tuition. Each camper must buy at least one t-shirt to wear on camp trips to ensure safety. Buying t-shirts early is encouraged to ensure trips leave on time and preferred size is available. Late Pick-up Fees of \$15 for up to each fifteen minutes interval will be charged. Calling ahead to inform camp that you may be late helps prepare your child and camp.

**Sunscreen Policy**—All campers must wear SPF of at least 15 on all exposed skin. Parents/guardians are responsible for applying the first layer. Children are to be provided with enough sunscreen for later applications. Staff will be responsible for ensuring follow-up applications after one hour in water, two hours of sun exposure (due to perspiration). Staff will assist younger campers with applications. An extra t-shirt can be worn during swimming if prone to burning easily.

**Discipline Policy**—I will review and reinforce the camper conduct and other camp policies with my child prior to the start of camp. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Campers not following the conduct policy may be suspended or expelled from camp with no refund.

**Media Policy**—The Y has my permission to use any and all media taken of my child in camp in camp activities in Y publicity. (Cross off if not authorized.) I understand that any media images I take during events of other children are not authorized for my own social media postings. Inappropriate comments should be reported to a director.

**Personal Belongings**—All items should be labeled permanently. Your child will transition to many areas and on busses throughout the day. A Found Box/Area is always available at camp but items are more likely to be returned if labeled.

**Transportation Permission**—The Y will transport my child to trip locations such as aquatic facilities, trip venues and on walking excursions with appropriate personal and contracted bus companies with advance notice of locations and departure/arrival times.

I have read all of the above information and I am fully aware of all the terms and principles contained herein. All questions have been answered to my satisfaction. I agree that certain activities at the Y have risks which are inherent to the activity. No insurance has been included in membership or program fees. I further agree to indemnify and hold harmless the Y from any claims or demands arising out of any such injuries and losses.

**Parent/Guardian Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_