

Camp Summerwood  
**Counselor In Training (CIT) Application Form**

1. You are a **VOLUNTEER** who works alongside a trained counselor. The playground staff policies are to be followed for all CIT's. Your conduct should reflect what is expected of all counselors.
2. Your responsibilities include, but are not limited to, the following:
  - a. Assure the safety and well-being of the children in your charge.
  - b. Follow the requests of the counselor in charge.
3. If you are unable to attend camp on any given day, a phone call should be made *BY YOU* (**not a parent**) unless in an emergency, and a message left on the Recreation Voice Mail (201)592-5783 prior to 8:00am.
4. Your hours for volunteering as a CIT are from 8:45am until 3:15pm, Monday through Friday with the exception of trip days, unless the Recreation Department is notified otherwise.

\*\*Please note, camp will be CLOSED FRIDAY JULY 3, 2015\*\*
5. No CIT will be permitted on trips with the exception of pool days, which you will then be expected to arrive at the Leonia Swim Club no later than 8:45am.
6. In the event that the above requirements are not fulfilled to the satisfaction of the Camp Director, the CIT position will be revoked.
7. This program will in no way guarantee you future employment with Camp Summerwood.

PLEASE FILL IN ALL OF THE SPACES BELOW, SIGN IT (ALONG WITH YOUR PARENT), AND RETURN THIS FORM TO THE RECREATION CENTER BY APRIL 30, 2015. **(PLEASE PRINT CLEARLY)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone( ) \_\_\_\_\_ Home Phone( ) \_\_\_\_\_

Parent Cell( ) \_\_\_\_\_ Phone Parent Work ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Emergency Contact Person & Number \_\_\_\_\_

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I, \_\_\_\_\_, promise to abide by the above rules and regulations as a Leonia Recreation CIT.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_