

# AYCC SUMMER CAMP 2020

## Counselor in Training Application



**Counselor's in Training (CIT's) must be between the ages of 13-15 Summer Enrichment Program or ages 14-16 for Day Camp Tracy by June 22, 2020.**

### CIT APPLICATION REQUIREMENTS

1. Completion of the CIT Application
2. Two written recommendations from persons, other than relatives or friends, who are familiar with your leadership abilities (i.e. teachers, club advisors, coaches, etc.)
3. One of the following, depending on your Program choice.
  - Camp Tracy: Write an essay explaining why you feel you would make an excellent CIT. Tell us about yourself, what do you love to do? How do you spend your free time? Where do you see yourself in 5 years?
  - Summer Enrichment Program: Answer the questions found on the last page of this application.

### PURPOSE & PHILOSOPHY

The CIT Program will assist in providing instruction through practical experience and hands-on learning to acquire life and leadership skills through leadership development, values clarification, and problem solving-techniques.

### CIT PROGRAM INFO

The CIT program is for teens who have a desire to become a camp/childcare counselor. There is no fee to become a CIT with the Alford Youth & Community Center's day camps. CIT's are considered campers AND volunteers and will be expected to complete required tasks and duties as assigned. There will be a limit of 12 accepted applicants per week into the CIT program.

During the summer, CIT's will focus on behavior management, communication, team building, and learning to get along with other CIT's, campers, and staff members. The CIT's will assist group counselors in leading games, songs, activities, and will be assigned daily duties around camp. CIT's will be allowed to participate in activities with their assigned groups as well as swimming and field trips.

All applications must be submitted to the Welcome Center at the Alford Youth & Community Center or to the Directors listed below.

### APPLICATION SUBMISSION

#### Day Camp Tracy CIT Applications:

Abbie Charrier, Director of Camps  
acharrier@clubaycc.org  
207-873-0684 (school year)  
207-465-9261 (Jun-Aug)

#### Summer Enrichment Program CIT Applications:

Avery Ryan, Education Teacher  
aryan@clubaycc.org  
207-873-0684

### **Camp Tracy CIT Training:**

During training sessions, the CIT will focus on building a foundation of knowledge about Camp Tracy policies, procedures and programs. Topics of emphasis will include behavior management, camper characteristics, and communication. During the camp season, CIT's will learn specific skills in specialty areas, work directly with village groups, and concentrate on developing leadership skills.

CIT's are required to attend as much of Staff training as they can. CIT's are also required to attend the first two sessions of camp (June 22-26 and June 29, 30, July 1-3) and minimum of two additional sessions.

Information will be provided to you regarding training sessions once accepted to the program.

### **Summer Enrichment Program CIT Training:**

During training sessions, the CIT will focus on building a foundation of knowledge about the Summer Enrichment Program's policies, procedures and programs. Topics of emphasis will include behavior management, camper characteristics, and communication. During the camp season, CIT's will learn specific skills in specialty areas, work directly with village groups, and concentrate on developing leadership skills.

CIT's are required to attend as much of Staff training as they can.

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## Counselor in Training Application



### CIT REGISTRATION & EMERGENCY INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 6/24/19 \_\_\_\_\_ Gender \_\_\_\_\_ Grade Fall 2019 \_\_\_\_\_ TShirt Size \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Alumni of Camp Tracy \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Alumni of Camp Tracy \_\_\_\_\_

With whom does the child live? \_\_\_\_\_ Parent active in Military/National Guard \_\_\_\_\_

Emergency Contact (other than parent/guardian) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (other than parent/guardian) \_\_\_\_\_ Phone \_\_\_\_\_

CIT Phone \_\_\_\_\_ CIT Email \_\_\_\_\_

### CIT PICK-UP AUTHORIZATION

I, \_\_\_\_\_ (parent/guardian) give permission for the following people to pick-up my child(ren) \_\_\_\_\_ from the Summer Enrichment Program, Day Camp Tracy, and/or the Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center. I will notify the program director in person regarding any modifications to this list if situations change. The only person(s) allowed to pick-up my child(ren) from the program are:

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate if you are using a taxi service for transportation. We will not release a child to a taxi driver without written or verbal permission from the parent/guardian. The pick-up persons must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No persons under the age of 14 will be allowed to sign out or take custody of a child. Photo ID is ALWAYS REQUIRED.

Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center

126 North Street, Waterville, ME 04901

P: 207-873-0684 | F: 207-861-8016 | clubayc.org | camptracy.org

## CIT MEDICAL INFORMATION

Has your child ever been hospitalized? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child take medication? \_\_\_\_\_ If yes, please list medications and dosages: \_\_\_\_\_

Allergies? (hay fever, bee stings, food, asthma, etc.):

Doctor's note required for food allergies with recommended alternative suggestions.

Is your child allergic or sensitive to any medication? \_\_\_\_\_

Date of child's last tetanus shot: \_\_\_\_\_

In case of emergency, my child may be treated at: \_\_\_\_\_ MaineGeneral \_\_\_\_\_ Northern Lights Inland

\*\*Please indicate if your child has any dietary, physical, or emotional concerns his or her counselor's should be aware of. \_\_\_\_\_

\*\*IMPORTANT - Medications can only be administered to a child in the prescription bottle with the physician's name, exact dosage, etc. Ask your pharmacist to administer prescriptions in separate bottles, for home, school, childcare, and camp. Forms are available from the Director, and must be completed before any medications can be administered.

## CAMPER EMERGENCY INFORMATION

In case of emergency, illness or accident while in attendance at one of our camps, please state your preference for the procedure we take.

Please number the contacts in order in which you would like us to proceed:

\_\_\_\_\_ Contact parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Contact parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Contact family doctor \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Contact family dentist \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Use discretion and seek medical attention if I cannot be contacted by phone. It is understood that my child will be transported to hospital of my choice (above) in an emergency situation.

\_\_\_\_\_ Please list any other instruction you wish: \_\_\_\_\_

Consent: In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to Day Camp Tracy or Summer Enrichment Program staff to follow the above order or procedure. My permission continues until I revoke it by notifying the director in writing. I will be responsible for any/all costs associated with medical attention or treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## CONFIDENTIAL INFORMATION

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

### Household Income:

\_\_\_\_ \$0-\$18,000    \_\_\_\_ \$18,001-\$24,000    \_\_\_\_ \$24,001-\$50,000    \_\_\_\_ \$50,001-\$75,000    \_\_\_\_ \$75,001-\$100,000  
\_\_\_\_ \$100,001+    \_\_\_\_ Decline to answer

### Check all that apply:

\_\_\_\_ SSDI    \_\_\_\_ food stamps (SNAP)    \_\_\_\_ General Assistance    \_\_\_\_ TANF    \_\_\_\_ School Lunch Program  
\_\_\_\_ Day Care Volunteer    \_\_\_\_ Teen Parent    \_\_\_\_ Veteran Compensation

### Family Setting:

\_\_\_\_ Foster Care    \_\_\_\_ Single Parent Family    \_\_\_\_ Grandparent (s)    \_\_\_\_ Other

**Is your child a U.S. Citizen?**    \_\_\_\_ Yes    \_\_\_\_ No

**Physical or mental limitation:** \_\_\_\_\_

### Race-Nationality:

\_\_\_\_ African-American    \_\_\_\_ Arab    \_\_\_\_ Native American    \_\_\_\_ Asian    \_\_\_\_ Hispanic  
\_\_\_\_ Caucasian (white)    \_\_\_\_ Russian    \_\_\_\_ Multi-Racial    Other: \_\_\_\_\_

## POLICIES & PERMISSIONS

Policy with Description	Parent/ Guardian Initials
Initials to the right of each policy signifies the parent/guardian having read and agreed to the policy as stated either in the AYCC Summer Camp Registration Form or in the Parent Handbook.	
<b>Photo Release</b> - I hereby irrevocably consent to and authorize the use and reproduction by the Alford Youth & Community Center, the Summer Enrichment Program and Camp Tracy (hereinafter AYCC, SEP, and CT), of any and all photographs/videos which may be taken by or for AYCC, SEP, and CT during the Recreation and/or Participation in all activities in which my child is participating related thereto, for advertisement or promotional purposes, without further compensation to me. All negatives, positives, and digital copies with the prints shall constitute property of AYCC, SEP, and CT, solely and completely.	
<b>Discipline, Suspension &amp; Dismissal</b> - When children do not display responsible behavior, our goal is to correct the behavior. Our discipline policy is stated in the Parent Handbook. We file and record all incidents and refer back to them when considering suspension. I understand that the Summer Enrichment Program and Camp Tracy will take necessary disciplinary actions regarding all inappropriate behavior and will strictly follow the discipline policy as outlined in the Parent Handbook.	
<b>Health or Behavior Pick-Up</b> - Parents/guardians are required to make an immediate pick-up (within one hour) for behavior problems, illness, lice or bathroom accidents. If the illness is contagious, a doctor's note or approval from the Director will be required upon return.	
<b>Impairment</b> - If the program staff feel the adult picking up the child(ren) is under the influence of drugs or alcohol, the staff will strongly recommend that another person is called for pick-up. If the recommendation is not acted upon, the staff will notify the policy department. I have understood the impairment policy.	

## CAMP SELECTION & REGISTRATION

SUMMER ENRICHMENT PROGRAM - Waterville				
Dates	All Week		Dates	All Week
Jun 8-12			Jul 20-24	
Jun 15-19			Jul 27-31	
Jun 22-26			Aug 3-7	
Jun 29 & 30 & Jul 1 & 2 <i>CLOSED Jul 3</i>			Aug 10-14	
Jul 6-10			Aug 17-21	
Jul 13-17				

## DAY CAMP TRACY - Oakland

Please see the Parent FAQ's page at [www.camptracy.org](http://www.camptracy.org) for pick-up & drop-off information.

Dates	Camp Tracy Week (Mon-Fri)
Jun 8-12	
Jun 15-19	
Jun 22-26	
Jun 29 & 30 & Jul 1 & 2	
Jul 6-10	
Jul 13-17	
Jul 20-24	
Jul 27-31	
Aug 3-7	
Aug 10-14	

## CAMP SKILLS

On a scale of 1-5, rate your skill in each area (1=Low; 5=High):

___ Swimming	___ Sports	___ Musical Instrument
___ Canoeing	___ Nature Identification	___ Drama/Performing Arts
___ Paddle Boarding	___ Nature Crafts	___ Arts & Crafts
___ Kayaking	___ Orienteering	___ Drawing/Painting
___ Ropes Course	___ Outdoor Cooking	___ Fishing
___ Rock Climbing	___ Outdoor Living Skills	___ Story Telling
___ Knots	___ Ecology	___ Archery

## EXPERIENCE IN CLUBS, ORGANIZATIONS OR TEAMS

**Club/Organization/Team Name**

**# Years Experience**

**Position**

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## OTHER RELATED LEADERSHIP OR WORK EXPERIENCE

Leadership Courses Taken: \_\_\_\_\_  
\_\_\_\_\_

Leadership Experience: \_\_\_\_\_  
\_\_\_\_\_

Work or Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATIONS

Please list date and place certified as well as level achieved and certifying organization:

Swimming (circle verifying organization) American Red Cross YMCA BSA \_\_\_\_\_

First Aid/CPR \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUMMER ENRICHMENT PROGRAM QUESTIONS (REQUIRED FOR SEP)

Why are you interested in working as a CIT this summer in our program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some skills and interests that you bring with you into this role? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some skills you wish to improve through this role? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience do you have overseeing and mentoring youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a particular age group you are interested in working with? \_\_\_\_\_  
\_\_\_\_\_

# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center (herein known as AYCC) Programs, now or any time in the future.**

## Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in AYCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with AYCC participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with AYCC participation and that said list in no way limits the operation of this Agreement.

## Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in [insert organization] programs or accessing AYCC facilities could increase the risk of contracting COVID-19.** [Insert organization] in no way warrants that COVID-19 infection will not occur through participation in [insert organization] programs of accessing [insert organization] facilities.

Initial \_\_\_\_\_

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of \_\_\_\_\_'s participation in AYCC activities/programs I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the AYCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in any AYCC activities/programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's AYCC activities/programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in AYCC activities/programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in AYCC activities/programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in AYCC activities/programs.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

\_\_\_\_\_  
Participant Name (Print Clearly)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)