

**CITY OF OAK RIDGE RECREATION AND PARKS**  
**COUNSELOR-IN-TRAINING APPLICATION**

Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Current grade: \_\_\_\_\_

List school clubs, organizations or sports teams you are actively involved with.

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Have you ever been a camper at the City of Oak Ridge summer camp? \_\_\_\_\_ Years \_\_\_\_\_

List other camps you have attended:

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Are you currently certified in child and adult CPR? \_\_\_\_\_ Are you certified in First Aid? \_\_\_\_\_

If you are not currently certified are you willing to become certified prior to the start of summer camp? Y\_\_ N\_\_

Please place a number, 1 – 8, in the blank beside the Counselor in Training week(s) you would like to work, with the number one being your top choice. Weeks may be limited depending on the number of applicants selected. Please examine your schedule carefully before filling out this section. If you are unavailable during a particular week, please leave that selection blank.

**2023 WEEKLY DATES**

CIT Training Required June 2 & 3

\_\_\_\_\_ CIT Week 1 June 5 – 9

\_\_\_\_\_ CIT Week 2 June 12 - 16

\_\_\_\_\_ CIT Week 3 June 19 -23

\_\_\_\_\_ CIT Week 4 June 26 – 30

\_\_\_\_\_ CIT Week 5 July 3 – 7 (No Camp July 4<sup>th</sup>)

\_\_\_\_\_ CIT Week 6 July 10 – 14

\_\_\_\_\_ CIT Week 7 July 17 -21

Would you be interested in working? \_\_\_\_\_ Fall Break Oct 2-6, 2023 \_\_\_\_\_ Spring Break March 11-15, 2024

CIT schedules are, typically, 8 hours per day, depending upon the planned activities of the camp. Schedules may be longer on field trip days. For the convenience of parents, daily schedules can be extended if a CIT needs to be dropped off earlier or picked up later than their scheduled shift.

Please list desired daily schedule: \_\_\_\_\_

## Application – Counselor-in-Training – Page 2

Please complete the following:

1. Special Interests

In the following list of activities, check (X) once those in which you have participated or had special training. Check (xx) twice those you have had experience in organizing and are prepared to teach. Check (xxx) three times if you have had actual paid job experience.

\_\_\_\_ Arts & Crafts      \_\_\_\_ Drama      \_\_\_\_ Sports      \_\_\_\_ Scouts      \_\_\_\_ Children's games  
\_\_\_\_ Swimming      \_\_\_\_ Babysitting      \_\_\_\_ Special Events      \_\_\_\_ Dance      \_\_\_\_ Martial Arts  
\_\_\_\_ Nature      \_\_\_\_ Science      \_\_\_\_ Math      \_\_\_\_ Reading      \_\_\_\_ Puppetry      \_\_\_\_ Clowning  
\_\_\_\_ Other \_\_\_\_\_

2. What experience have you had working with children? (babysitting, camp counselor, church nursery, etc.)

3. List at least two reasons why you want to volunteer for the Counselor in Training program.

4. Why do you consider yourself a good candidate for the Counselor in Training program? What makes you unique?

### PARENT AGREEMENT:

I have read and understand the Counselor-in-Training program application letter and understand my child is applying to participate in a training program and will be working with younger children at the City of Oak Ridge Summer Camp. There will be no compensation for time worked. I agree to have my child apply for the CIT Program and participate in an interview. I understand that this is a competitive process and not all applicants will be interviewed and/or selected for the program. I understand that acceptance into the CIT program does not guarantee future employment with the City of Oak Ridge.

Print Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **HOLD HARMLESS AGREEMENT**

### **Volunteers**

*I covenant to save, defend, hold harmless and indemnify the City, and all of its officers, departments, agencies, agents and employees (Collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with my or my children's participation in recreational programming provided by the City.*

*The City has put in place preventative measures to reduce the spread of COVID-19. I agree to comply with all COVID-19 safety protocols required by the City as a condition of participation in recreational programming. Compliance with the guidelines minimizes the risk of exposure to COVID-19 but cannot eliminate the potential for exposure. If any participant has a compromised immune system or is in any way considered to be at higher risk for infection we do not recommend participation in this activity at this time. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume all risk that I or my children may be exposed to or infected by COVID-19 by participation in recreational programming and that such exposure may result in personal injury, illness, permanent disability or death.*

*I do hereby acknowledge that I have received a copy of, read and understand the terms of this release.*

***I agree to abide by all City rules and policies established by the City for participation in recreational activities on City property.***

Participant Name: \_\_\_\_\_

Signature/Parent or Guardian: \_\_\_\_\_

Print Name (Parent or Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

## Counselor in Training Agreement Form

This form is a promise that I, \_\_\_\_\_ will be a helpful Counselor in Training by adhering to the following:

- Taking responsibility and initiative
- Following directions
- Cooperating as a team with the Counselors and Recreation Center staff
- Treating my fellow CITs, campers, and staff with respect
- Assisting Counselors in their small groups during daily activities and field trips
- Aiding with general supervision of the campers
- Treating my fellow CITs, campers, and staff with respect

By signing this, I understand my responsibilities as a Counselor in Training and that if I fail to Exhibit these qualities and efforts I will be given a warning, and if my behavior continues, I will be asked not to return.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_