

**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.

---

---

---

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

List other camps you have attended:

---

---

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.

**2025 WEEKLY DATES**

CIT Training Required

- \_\_\_\_\_ CIT Week 1 June 2 – 6
- \_\_\_\_\_ CIT Week 2 June 9 - 13
- \_\_\_\_\_ CIT Week 3 June 16 -20
- \_\_\_\_\_ CIT Week 4 June 23 – 27
- \_\_\_\_\_ CIT Week 5 June 30 – July 3 (No Camp July 4<sup>th</sup>)
- \_\_\_\_\_ CIT Week 6 July 7– 11
- \_\_\_\_\_ CIT Week 7 July 14 -18
- \_\_\_\_\_ CIT Week 8 July 21 -25

Would you be interested in working? \_\_\_\_\_ Fall Break Sept 29 – Oct 3, 2025 \_\_\_\_\_ Spring Break March 16-20, 2026

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: \_\_\_\_\_

Dear CIT applicant,

Thank you for your interest in the City of Oak Ridge Summer Camp Counselor-in-Training Program. Please read the attached policies carefully to determine whether or not you are eligible for the program. If you feel this program is right for you please follow the instructions for the application process carefully. Completion of an application does not guarantee a position. Communication regarding the program should be between the applicant and City of Oak Ridge representatives. Parents may assist you but please remember that we are looking for candidates who are independent, mature and self-motivated.

You will have the opportunity to request the session or sessions that you prefer on the application. Working with the summer camp is a part of the training program and there will be no compensation for time worked. CIT participants must provide their own lunch each work day. Meals are sometimes provided as a part of training or camp special events and theme days. CIT shirt, training materials and field trip admissions are included.

If you have questions, please contact me via email at [jbohanan@oakridgetn.gov](mailto:jbohanan@oakridgetn.gov) or by phone at 865-425-3450.

Thank you,

*Jennifer Bohanan*

Recreation & Parks Program Supervisor | City of Oak Ridge

P (865) 425-3450 | E [jbohanan@oakridgetn.gov](mailto:jbohanan@oakridgetn.gov)

@CityofOakRidge | [oakridgetn.gov](http://oakridgetn.gov)



# **Counselor in Training Information**

## **General**

Counselors in Training (CITs) are teens from the age of 15-17 who apply to volunteer their time in the summer at Oak Ridge Summer Camp. They attend a mandatory training day before camp begins, and they are briefed on Summer Camp rules, daily schedule and CIT duties. They are required to volunteer, at least, 4 weeks of the 8-week camp schedule. Those who participate will benefit from exceptional leadership experience and responsibility.

## **Requirements**

To apply to this position, CITs must fill out the application form and attach a letter of recommendation from a non-relative adult. They must be able to attend the mandatory training session to be First Aid and CPR certified, as well as prepared for the following week that marks camp's start.

## **Duties and Responsibilities**

CITs are assigned to a Counselor group each week and are there to help the counselor control and keep track of the small group during snack, field trips, and small group time. Outside of small groups, CITs serve a similar job as Counselors. They referee games and keep a fair game going, they watch for any potential conflicts between campers or injuries. They are also required to help Counselors out by cleaning up the lunchroom after lunch, taking campers to the bathroom, among other tasks throughout the day.

## **Training**

Training consists of, at least, one full day where the CITs will be briefed on their duties and responsibilities, as well as be trained in First Aid and CPR if scheduling permits. They will learn about the general camp schedule as well as the field trips, theme days and other activities that Camp takes part in.

## **Failure to Perform**

If the CIT fails to perform as expected they will be given three warnings, similar to the three write-up rule that campers follow. After the third warning, the CIT will be relieved of their position. The Counselor in Training position, while helpful to Summer Camp, is not essential. The CIT's job is to lighten the load of Counselors and aid in daily supervision of the campers. A CIT who makes that more difficult cannot be asked to stay.

**Benefits to CITs**

Field trips, events, and snacks will be paid for throughout the summer. Additionally, CITs are given the same freedoms as counselors to take breaks when able and order lunch to the Recreation Center, among other things.

Counselors in Training that perform exceptionally will have consideration as a full-time counselor the following summer if they choose to return and if they are, at least, 16 years of age. We hope that this compensation will be a beneficial incentive to help feed into the Counselor hiring pool in the years to come. We hope that the CIT program becomes something that carries the CIT over into a Counselor position.

**Please return this form with a parent/guardian signature that your parent/guardian understands the responsibilities and duties of a Counselor in Training.**

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

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

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

Name of Child: \_\_\_\_\_

## Camp Consent and Release

My child, \_\_\_\_\_ has been examined by a physician within the past 12 months and is found to be physically able to participate in the City of Oak Ridge Recreation and Parks Department Camp Programs, which may include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory and nervous systems, can occur. I, \_\_\_\_\_, fully understand the risk of injury arising from my child's participation in the City of Oak Ridge Recreation and Parks Department Camp Programs and I accept that risk as a part of granting permission for my child's participation. I also grant permission for my child to participate in all field trips planned for the City of Oak Ridge Recreation and Parks Department Camp Programs. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge the City of Oak Ridge and any and all of its agents, employees and servants, from any and all liability of every kind, character and description from and by reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of the City of Oak Ridge Recreation and Parks Camp Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I or my child will ever have or now have against the said City of Oak Ridge as a result of my child participating in its Camp Programs.

I give permission and consent for the City of Oak Ridge, its representatives, and employees to take photographs and video of my child during camp session activities. I further authorize the City to copyright, use, and publish such photographs and videos in any medium; and I give permission and consent that any such photographs and/or videos may be published and used by the City of Oak Ridge for any lawful purpose including but not limited to illustration and promotion of the camp experience, camp programs, and the City in general. Published material may appear in print, online, and on television as well as on City-owned and operated social media accounts at any time in the future.

In case of an emergency, the City of Oak Ridge and/or its employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the City of Oak Ridge Recreation and Parks Department Camp Programs. I/We do hereby acknowledge that I/We have received a copy of and have read the Camp Program Policies, and agree to abide by the same policies.

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