

**Salmon Brook Park Day Camp  
Counselor-in-Training Program  
2024**

The Counselor-in-Training Program (CIT) is a pre-counselor training program for youth ages 14-15, which focuses upon gaining the skills necessary to become a camp counselor.

**Why Be a Counselor-in-Training?**

- Gain a behind-the-scenes experience of the camp community.
- Establish job and character references.
- Personal growth and expanded self-esteem through leadership opportunities.
- Ability to work with children and adults in a camp community.

**Eligibility:**

- Must be between the ages of 14-15 during the summer of 2024 by June 17, 2024.
- Must be energetic, motivated and willing to work with young children.
- Must have completed form/application.
- Must commit to at least 4 weeks of Day Camp.

**Application Procedure:**

**This packet contains all necessary information. It is available online at [www.granbyrec.com](http://www.granbyrec.com)**

There is an application process for this program to ensure the CITs have the desire to participate fully and be a positive role model during this program. In addition to the Application, a brief interview will be scheduled for each applicant.

- To be eligible for the program, interested participants must complete the application, references, waiver forms and return them to the Granby Rec Dept. by **May 1st, 2024**. **There are two options to choose from**
  - 1) CIT participates in all 8 weeks for \$300 or
  - 2) CIT participates in 4 weeks for \$195
- Position is not guaranteed until confirmed by the Recreation Director. The Granby Recreation Department reserves the right to reject an applicant or limit the number of applicants accepted into the program based on the Salmon Brook Park Day Camp's needs.

**Responsibilities:**

- Campers Come First!!! Set a good example by being a positive role model.
- Assist Camp Teachers with daily activities, such as, crafts, games, hikes, experiments.
- Associate with campers **NOT** other CITs.
- Be punctual, attend and be an active part of all camp programming, participants must be able to attend **100%** of the sessions enrolled in.
- Abide by all rules, policies, and procedures.
- Treat all campers equally, there should be no favorites.
- Be cooperative with the camp counselors, your peers, and the campers.
- Be enthusiastic and have a positive attitude.

**SALMON BROOK PARK DAY CAMP  
Counselor-in-Training Application 2024**

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Camp Experience:**

Have you ever been a camper at Salmon Brook Park Day Camp? Yes No  
Have you attended other camps as a camper? Yes No

Camp Name: \_\_\_\_\_ Number of years: \_\_\_\_\_

Camp Name: \_\_\_\_\_ Number of years: \_\_\_\_\_

Have you ever been a Junior Counselor (JC) or Counselor in Training (CIT) before? Yes No

Camp Name: \_\_\_\_\_ Number of years: \_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

**If you selected the 4-week option, please circle the four weeks you will be at camp:**

**Session 1** - June 17-June 21      **Session 2** - June 24-June 28      **Session 3** - July 1- July 3 (no camp 7/4 or 7/5)

**Session 4** – July 8-July 12      **Session 5** – July 15-July 19      **Session 6** – July 22-July 26

**Session 7** – July 29-August 2      **Session 8** – August 5-August 9

Please circle your t-shirt size:      AS      AM      AL      AXL

Please answer the following questions with a **minimum of three sentences**: (use back of page if needed)

1. Why do you want to be a Counselor in Training (CIT) at Salmon Brook Park Day Camp?
  
  
  
  
  
  
  
  
  
  
2. What personal qualities do you believe a CIT should have and why?
  
  
  
  
  
  
  
  
  
  
3. Name someone that you know to be a leader, please describe the characteristics that make that person a good leader.

**Participant Agreement**

I the Parent/Guardian \_\_\_\_\_ approve this registration and certify that the CIT is capable of participating in all activities of Salmon Brook Park Day Camp. The Granby Recreation Dept is not responsible for lost, stolen or damaged personal articles. I also authorize the Granby Recreation Department to use photographs, slides, and videotapes of the CIT named on this registration, which may be needed for promotional purposes and website development.

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

**TOWN OF GRANBY**  
**Applicant Information and Release of Liability**

Disclosure:

The Town of Granby's Counselor-in-Training (CIT) program at Salmon Brook Camp involves a variety of activities and challenges that include, by not limited to: games, initiatives, hiking, canoeing, use of the Salmon Brook Park Pond and facilities and off site travel, which is provided by contracted bus companies. There is risk involved in all activities associated with participants and the participant of the program assumes the risk. It is the policy that all participants have health insurance coverage. Information on this coverage must be made known to the instructors of the program prior to the onset of all activities. All information will be kept confidential.

Applicant Information:

1. Name: \_\_\_\_\_
2. Full Address: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Daytime Phone Number: \_\_\_\_\_
5. Evening Phone Number: \_\_\_\_\_
6. Emergency Phone Number: \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_
8. Name of Insurance Company: \_\_\_\_\_

Release of Liability:

I understand that the Counselor-in-Training (CIT) Program at Salmon Brook Park Day Camp and that the activities associated with being a CIT may be both physically and mentally demanding. I affirm that I am in good health and that I am not under any professional care for any condition that will limit my ability to safely participate with the guidelines. I recognize the inherent risk of injury that could result during activities, and off-site travel. I release the Town of Granby, Town Staff, Salmon Brook Park Staff, Volunteers, and Campers of liability for any injury that may occur to me during my participation in the CIT program.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# SALMON BROOK PARK DAY CAMP

## HEALTH RECORD

### General Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Grade In Fall: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone (Parent/Guardian): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Cell Phone (Parent/Guardian): \_\_\_\_\_

### In the case of an emergency, please notify:

1.) Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

3.) Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

It is important for Salmon Brook Park Staff to be fully aware of allergies, chronic or recurring illnesses, or physical limitations of your child, as well as any medications your child is taking.

**Please list and briefly explain the following:**

Chronic or serious illness: \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

Prior Injuries: \_\_\_\_\_

Has your child ever had a bee sting?    NO    YES (If yes), Reaction: \_\_\_\_\_

\_\_\_\_\_

If Salmon Brook Park staff determines that a medical emergency exists, our policy is to call 911 and then we will call the three emergency contacts. If the first emergency contact cannot be reached, the second will be tried, and then the third.

To the best of my knowledge, my child \_\_\_\_\_ is in good physical health and is able to fully participate in all Salmon Brook Park Day Camp activities. I understand and give my consent to the medical procedures as described above.

Parent/Guardian Print: \_\_\_\_\_ Date: \_\_\_\_\_

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

**SALMON BROOK DAY CAMP  
Counselor-in-Training Reference Form 2024**

Applicants

Full Name: \_\_\_\_\_  
Last
First
Middle Initial

**Instructions:**

**Applicant:** Please fill in your name above, and give a copy of this form to two (2) references.

**Please do not use family members.**

**Applicant’s Reference:** The individual above is volunteering for a position with the Salmon Brook Park Day Camp. As part of the camp community, it is important that each individual demonstrates a mature attitude toward leadership and a responsible concern for the safety and well being of the campers. Please rate this person accurately and as honestly as possible. Your responses will be kept confidential. Return both pages of this form to: Granby Recreation Dept., 15 North Granby Road. Granby CT, 06035 Attn. Counselor in Training Program, by May 1st, 2024. The form may be returned by fax to 860-653-0173.

**Thank You!**

**Personal Reference**

Please rate individual on the items below:	Excel- lent	Very Good	Good	Fair	Poor	No Info
<b>Leadership:</b> Easily takes on the role of a leader and motivates others.						
<b>Responsibility:</b> Makes decisions that reflect good judgment.						
<b>Dependability:</b> Completes work with minimal supervision						
<b>Integrity:</b> Displays convictions to a positive set of values.						
<b>Cooperative:</b> Shows willingness to work as a team member.						
<b>Maturity:</b> Exhibits a positive attitude when dealing with relationships.						

**SALMON BROOK PARK DAY CAMP  
Counselor-in-Training Reference Form 2024**

Applicants

Full Name: \_\_\_\_\_  
Last First Middle Initial

**Comments:**

Please comment on the applicant's readiness to work as a Counselor-in-Training as part of the camp community of Salmon Brook Park Day Camp.

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How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

**Thank you for your time and cooperation!**