

APPLICATION FOR COUNSELOR IN TRAINING (CIT) POSITION FOR VNS SUMMER CAMP

**2024 Camp Dates: July 8th – August 16th
Mandatory Training**

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CELL NUMBER: _____ BIRTHDATE: _____ AGE: _____ T-SHIRT SIZE: _____

E-MAIL: _____

Grade in School as of May 2023: 8TH GRADE _____, 9TH GRADE _____, 10TH GRADE _____

Previous CIT at North Syracuse Summer Camp?

Summer 2023 _____ Summer 2022 _____ Summer 2021 _____

ARE YOU CERTIFIED IN ANY OF THE FOLLOWING:

Babysitting Yes _____ No _____ Expiration Date _____
First Aid Yes _____ No _____ Expiration Date _____

Work Experience: List any jobs you have had (babysitting, mowing lawns) & who you worked for
Any experience working with children;

Dates	Contacts	Phone	Nature of Work

If accepted as a CIT, I realize I will be expected to be responsible and act in an orderly fashion and follow the rules and regulations just as a regular counselor is expected to.

(Signature of Applicant)

(Date)

I/we as parents of the above, agree to let him/her enroll as a CIT. I/we understand that even though my child is above the age of 14 and has completed the 8th grade, the Summer Camp is still responsible for their behavior. If there are problems at camp, we will be notified and my child could be asked to leave the program if the problem isn't corrected. **I/we also understand that there is a fee of \$25.00 a week for the program. Your payment is due in FULL no later than July 1st for the weeks that they are attending (example: 3 weeks – amount due is \$75.00 all at once).**

(Signature of Parent)

(Date)

(Over >)

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Summer Camp Dates: July 8th – August 16th
Mandatory Training:

Deadline for Applications:

Please Indicate with an “X” what weeks you will be available to work.

Training		<u> X </u>
Week 1	July 8 to July 12	_____
Week 2	July 15 to July 19	_____
Week 3	July 22 to July 26	_____
Week 4	July 29 to Aug. 2	_____
Week 5	Aug. 5 to Aug. 9	_____
Week 6	Aug. 12 to Aug. 16	_____

C.I.T Fee: _____ # of weeks @ \$25

Total Amount: \$ _____

Make Checks Payable to: *Village of North Syracuse*

Credit Card Payment:
Visa / Master Card / Discover

Mail to:
Village of North Syracuse
Parks & Recreation Dept.
600 South Bay Rd.
North Syracuse, NY 13212

Card #: _____
Exp. Date: _____
3-Digit Security #: _____
Billing Zip Code: _____
Name on the Card: (PLEASE PRINT)
