



## **Introduction To The COUNSELOR IN TRAINING (CIT) Program at Harbor Light Summer Adventures and Harbor Light Preschool Academy**

### **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.
- After the CIT program you will have the ability/skills needed to work with children in a camp community, after school program or any youth program.

The Harbor Light environment provides a unique opportunity for youth to build leadership skills, particularly in assisting counselors with younger campers. The goal of the training program is to develop general skills of leadership that you can use throughout life at school, home and community (not just at camp). Being a counselor-in-training is an important role in the camp, in which leadership skills and good characters, integrity, patience and self-control are nurtured and developed. If you are accepted into the counselor-in-training program, your example is important.

### **COUNSELOR IN TRAINING DESCRIPTION:**

Counselors In Training assist Counselors and Activity Specialists. CITs help with supervising campers in their group during recreation times, specials, meal times, and assist with camp preparation, clean-up, camper check-in, serve as a positive role model for young children, and help to create a supportive camp community.

### **Eligibility:**

- Must be 14 years of age during the summer of camp.
- Must be energetic and motivated to work with young children.
- Must have completed the application.
- Must be committed to 1 day of mandatory pre-training at the end of June (date TBD).

### **Qualifications:**

- Successful applicants will have a desire to work with children.
- Previous summer camp experience is preferred but not required.
- Requires demonstrated maturity, energy, enthusiasm, and communication skills.
- CPR and First Aid are recommended but not required.



## **Training Responsibilities and Duties Description Counselor In Training Responsibilities:**

- Campers Come First! Set a good example by being a positive role model.
- Assist Camp Counselors with daily activities, such as, field games, art, science, music, etc.
- Primarily communicate with campers NOT other counselors in training.
- Be punctual. Summer Adventures Camp begins at 8:30am and runs until 2:15pm. Preschool camp begins at 8:45am and runs until 1:15pm.
- Attend and be an active part of all camp activities. If you do not enjoy playing games, this is not the job for you.
- 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 counselors, activity specialists, your peers, and the campers.
- Be enthusiastic and have a positive attitude.
- Be able to separate from technology for the camp day as we have a strict no technology policy in place for campers and staff.

## **Specific Duties**

1. Aid Counselors by helping to get equipment and supplies ready for the day.
2. Aid children in their learning by providing a good example
3. Help Counselors and children by helping to keep track of their possessions
4. Help Counselors to get children to activity and snack/lunch area
5. Contribute ideas to improve the program
6. Report any unsafe actions by children or other CITs to the Counselor of your group or the program directors.
7. Assist in cleaning and disposing of trash
8. Ability to accept supervision and guidance
9. Good character, integrity, and adaptability
10. Set a good example for campers and others, including cleanliness, punctuality, sharing duties during cleanup.
11. Respect each camper for their uniqueness - within each group help create a community of people.
12. Other duties as assigned by Counselor



## Counselor-In-Training Application

Contact Information	
Applicant Name:	
Street Address:	
City, State & Zip Code:	
Home Phone:	
Cell Phone:	
E-Mail Address:	
T-shirt Size:	
Date of Birth:	
Age at the start of camp:	
Mother's Name/Cell Phone	
Father's Name/Cell Phone	
Parent Email Address (required):	
Does this CIT have an IEP or 504 plan?	Yes   or   No

References (Not a Relative)

Name	Relationship to you	Phone Number



## Availability

Please check the program that you are applying for:

- Harbor Light Summer Adventures (8:30am- 2:15pm)- 2475 Easton Turnpike, Fairfield  
*(only fill our the first grid entitled Harbor Light Summer Adventures)*
- Harbor Light Preschool Academy (8:45am- 1:15pm)- 4670 Congress Street, Fairfield  
*(only fill our the first grid entitled Harbor Light Preschool Academy)*
- Either location would work for me.

Hours	HARBOR LIGHT SUMMER ADVENTURES	Please check each week that you would like to work:
8:45am - 2:00pm	Week 1- June 26- June 30th	
	Week 2- July 3rd- July 7th (4 days)	
<i>Minimum of 2 weeks</i>	Week 3- July 10th- July 14th	
	Week 4- July 17th- July 21st	
	Week 5- July 24th- July 28th	
	Week 6- July 31st- August 4th	
	Week 7- August 7th - August 11th	

Hours	HARBOR LIGHT PRESCHOOL ACADEMY	Please check each week that you would like to work:
8:45am- 1:15pm	Week 1- June 5th- June 9th	
	Week 2- June 12th- June 16th	
<i>Minimum of 2 weeks</i>	Week 3- June 19th- June 23th	
	Week 4- June 26th- June 30th	
	Week 5- July 3rd- July 7th	
	Week 6- July 10th- July 14th	
	Week 7- July 17th - July 21st	
	Week 8- July 24th- July 28th	



Briefly, why would you like to be a C.I.T.?


What skills or talents can you bring to camp and what skill would you like to develop?


What does leadership mean to you?


**MOTIVATION and INTENTION:**

I am applying to the counselor-in-training program because: *(circle as many as apply)*

1. One day I would like to be a counselor.
2. I like to work with children.
3. I am completing service hours for my school.
4. My parents/guardians want me to participate.
5. I have been a CIT at Harbor Light in the past and found it to be fun.
6. Other: \_\_\_\_\_



**Prior Camp Experience:**

Have you ever attended Harbor Light Summer Adventures as a camper? \_\_\_\_ Yes \_\_\_\_ No

What do you remember most about your experience?

---

---

---

Have you ever been a Counselor in Training (CIT) before? (any location) \_\_\_\_ Yes \_\_\_\_ No

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

**Medical Information:**

Allergies/Health concerns:
Physician/Phone:
Preferred Hospital:

**Person to Notify in Case of Emergency**

Name
Cell Phone
Home Phone

**Phone and Technology Policy**

Harbor Light Summer Adventures is a cell phone free campus during the hours that the campers are present. Cell phones are not allowed to be on the CIT during those hours. Pictures are not allowed to be taken of the campers or the staff as many of our campers do not have a photo release.

I am willing to attend camp without my phone and understand that taking pictures of the campers and/or staff cannot take place.

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



## **Agreements**

1. The Parent/Guardian authorizes Harbor Light CIT Camp program to obtain medical care if any emergency occurs when the parent/guardian cannot be located immediately.
2. I/we assume all risks and hazards to participate in this activity including transportation to and from activity; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Harbor Light Foundation, Inc, organizers, sponsors, supervisors, participants, and persons transporting myself/my child to or from activities when carrying out said responsibility in a safe, lawful, socially acceptable manner, for any claim arising out of injury to me/my child.
3. I understand Harbor Light assumes no responsibility for lost and stolen property.
4. I/we, the parents/guardian of the above named participant, hereby give my/our approval for our child's participation in this activity.
5. I/we have notified in writing Harbor Light of any special needs or medical conditions my/our child has that might affect his/her ability to participate in this activity.
6. Harbor Light has permission to call my family physician in an emergency when I cannot be contacted.
7. Harbor Light has my authorization and permission, in an emergency when I (or family member) cannot be located, to authorize my child be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician) and to transport my child to the emergency room of the nearest hospital, and the hospital and its medical staff have the authorization to provide treatment which a physician deems necessary for the well being of my child.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a counselor-in-training, any false statement, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Also, I understand that this is an unpaid position that could lead, but does not guarantee, a future paid position.

Name (printed):
Signature:
Parent Name (printed):
Signature:
Date:



**Our Policy**

There is a \$50 processing fee for each application. There is an additional \$15 fee per volunteer per scheduled week. These fees cover processing the application, one staff t-shirt for each week volunteered, training sessions/materials and field trip cost (HLSA only). Please note that not all CITs attend every field trip.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, or disability.

Processing Fee	\$50
How many weeks are you volunteering? _____ x \$15=	
Total	

Thank you for completing this application form and for your interest in volunteering with us.

**Please send completed applications (pages 3-8) and checks made payable to:**

**Harbor Light Foundation, Inc.**

**2505 Black Rock Turnpike 2nd Floor**

**Fairfield, CT 06825**