

West Milford Community Services & Recreation

Counselor-In-Training Application for Employment

Complete this form and mail to:
Hand deliver to:

Community Services & Recreation, 1480 Union Valley Road, West Milford, NJ 07480
Community Services & Recreation, 66 Cahill Cross Road, West Milford, NJ 07480

Date of Application: _____

Name:	Date of Birth:	Sex: M F
Address:	City	State Zip
Home Phone:	Email address:	
Cell Phone:		
<u>CIT's must be entering 9th or 10th grade in the fall</u>		
High School Attending		Age as of the start of summer:
Please check the camp week for which you are applying:		
Week 1 June 30– July 4	Week 5 July 28 – August 1	
Week 2 July 7 - July 11	Week 6 August 4 – August 8	
Week 3 July 14 – July 18	Week 7 August 11-August 15	
Week 4 July 21 – July 25		

PERSONAL INFORMATION: PLEASE WRITE/PRINT LEGIBLY

1. Why do you want to be a CIT?

2. List three adjectives that best describe yourself, and explain why you chose those adjectives.

Explanation:

3. List any clubs, groups, or programs that you are involved with:

4. List and describe any experience you have had working with children:

5. List and describe specific skills and talents you have and your training and experience in using them: (for example: musical talent, artistic talent, sports, etc.)

6. List any camp experiences you have had:

7. **(After getting their permission)** – List the names, address and phone numbers of 3 people (not related) that we may contact for personal references. We will be asking these 3 people about your qualifications in being a counselor who: cares about children, enjoys working with children, follows instructions, willing to be a leader, willing to be responsible.

Name/Address/Phone: _____

Name/Address/Phone: _____

Name/Address/Phone: _____

Release and Personal Certification of CIT Applicant

A. I certify that all statements made by me on this application are true to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably. I grant permission to West Milford Community Services & Recreation to solicit and investigate statements from any person and/or organization with regards to my personal history and agree to hold all persons harmless with respect to the information they may give, receive, or publish. I hereby waive any rights to claim any request or investigation as an invasion of my privacy and will cooperate with any requests for information since they are made with my consent.

B. I understand that I may be accepted into this program. If offered a placement, I will conscientiously abide by all camp rules and conditions of the program. I also understand that the Recreation Department reserves the right to revoke the registration of any participant if his/her behavior negatively affects other individuals. I understand that participation in the CIT program does not guarantee employment at anytime in the future. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily sign this application.

Signature of Applicant _____ Date _____

.....
Release and Personal Certification of Parent

I certify that I have read Paragraph A above and approve of all language, information, and privacy waivers listed as they pertain to my child and that I approve of West Milford Community Services and Recreation conducting reference checks about my child. My child has my full approval to participate in the CIT program. I understand that my child may be leaving the camp property under the supervision of a staff member and give my permission for this to occur. I understand my child may not be accepted into this program. I also understand that the Recreation Department reserves the right to revoke the registration of any participant if his/her behavior negatively affects other individuals. I understand that participation in the CIT program does not guarantee employment at anytime in the future. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily sign this application.

Signature of Parent _____ Date _____