



CAMP ULBRICH CIT APPLICATION



Thank you for your interest in the Camp Ulbrich Counselor-In-Training Program! The CIT program is designed to take campers who have demonstrated a strong desire to work with children & a love of camp and give them the training & skills to be successful future leaders. You will be expected to lead activities for younger campers as well as your peers and to meet the responsibilities that are given to you as a CIT. The CIT program is fun, but for different reasons than being a camper. It is about discovering what you are capable of and finding your inner leader. If you have any questions, please contact Rob Newton at rnewton@wallingfordymca.org.

NAME _____ DATE _____

ADDRESS _____ CITY/ST/ZIP _____

HOME PHONE _____ CELL _____

GRADE NEXT FALL _____ EMAIL _____

Please list three references that know of your abilities & interests (1 relative & 2 non-relatives)

NAME _____	PHONE _____	RELATIONSHIP _____
NAME _____	PHONE _____	RELATIONSHIP _____
NAME _____	PHONE _____	RELATIONSHIP _____

Please have each of the references listed above complete the attached **reference questionnaire** and return it to the YMCA with your application.

Please list any previous camping experience (List your most recent experience first)

CAMP _____ YEAR _____

EXPERIENCE _____

CAMP _____ YEAR _____

EXPERIENCE _____

CAMP _____ YEAR _____

EXPERIENCE _____

Certifications

Please check any that you currently hold.

CPR Exp: _____ First Aid Exp: _____ Other _____ Exp: _____

Camp Activities

Please put a "1" next to any that you can assist in teaching. Put a "2" next to any that you are interested in learning about.

___ Arts & Crafts (painting, jewelry, gimp)	___ Board & Card Games (checkers, garbage, go fish)
___ Field Games (soccer, kickball, frisbee, capture the flag)	___ Performing Arts (acting, singing, dancing)
___ Black Top Games (basketball, 4-square, tennis)	___ STEM (hiking, rockets, slime)

Age Groups

Please rank them in order, with 1 being your first choice.

___ 5-6 year olds ___ 7-8 year olds ___ 9-10 year olds

List any specific skills & talents you think would be useful as a CIT:

What is one thing you really like about yourself?

What do you feel are the primary responsibilities of a leader? What are some qualities a leader must have?

How would a camper benefit from spending two weeks in camp with you?

Give five good reasons the YMCA would want to choose you as a CIT?

What are your expectations of the CIT program?

Please include anything else you feel would help you gain admittance into the CIT program.

Being involved with our day camp program is a serious obligation. There is a strong responsibility to each child and as a CIT, you are expected to live up to the expectations of the program, which are as follows:

- Responsibility for your own actions as well as those of your assigned group.
- To present yourself as a good role model for children.
- To respect each member of the Camp Ulbrich community, staff, campers, and fellow CITs.
- To take your position at Camp Ulbrich seriously and perform to the best of your ability.

PLEASE NOTE

- The CIT program is for teens entering 10th grade that are not yet 16 years of age.
- It is a 4 week commitment (\$500). At the end of the 4 weeks, participants will be evaluated and invited to volunteer for an additional 2-week session.
- Participants will sign a Code of Conduct in the first week of camp. If the Code of Conduct is not followed, the CIT may be dismissed from the program without a refund.
- Completion of the CIT Program does not guarantee a staff position.

CIT applications must be completed and returned to the Wallingford Family YMCA, 81 South Elm Street, c/o Rob Newton. You will be notified that your application has been received and contacted to schedule an interview. Interviews will begin April 2023. This process is meant for the candidate to complete on their own, which means that if there are any questions or concerns, you should reach out, NOT YOUR PARENTS. Your application and interview should show that you can be as independent and reliable as any Camp Ulbrich Staff member.

I state that the information on this application is true, complete and correct.


APPLICANT SIGNATURE

DATE

PARENT PRINTED NAME

SIGNATURE

DATE

CAMPER	NAME			
	BIRTHDAY	AGE	<input type="checkbox"/> M <input type="checkbox"/> F	
	ADDRESS			
	CITY	STATE	ZIP	
FAMILY DATA	Child Primarily Resides With: <input type="checkbox"/> P/G 1 <input type="checkbox"/> P/G 2 <input type="checkbox"/> Both <input type="checkbox"/> Other _____			
	PARENT/GUARDIAN 1		HOME PHONE	
	EMAIL ADDRESS		CELL PHONE	
	PLACE OF EMPLOYMENT		WORK PHONE	
	PARENT/GUARDIAN 2		HOME PHONE	
	EMAIL ADDRESS		CELL PHONE	
	PLACE OF EMPLOYMENT		WORK PHONE	
MEDICAL	DOES YOUR CHILD HAVE ANY ALLERGIES, DRUG SENSITIVITIES, MEDICAL CONDITIONS OR MEDICATIONS?			
	Has your child ever been stung by a bee? <input type="checkbox"/> Yes <input type="checkbox"/> No If your child has an inhaler, is it a rescue inhaler that may need to be used at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you must submit an "Authorization to Administer Medication" form and bring the inhaler to camp on your child's first day			
	DOCTOR'S NAME		DOCTOR'S PHONE	
EMERGENCY CONTACTS	PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS) - TWO REQUIRED			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY (WHEN PARENTS CANNOT BE REACHED) - TWO REQUIRED			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)			
NAME	RELATIONSHIP			

- I will provide an up-to-date immunization record, camp medical examination form before my child can attend.
- I understand that the Wallingford Family YMCA does not provide health/accident insurance.
- My deposit of \$50 is non-refundable under any circumstance. Fees must be paid in full one week prior to the start of the program. Participants may not attend the program if payment in full is not received. Tuition (excluding deposits) may be refunded with proof of medical ineligibility.
- I give permission to the program to use without limitation or obligation my child's photograph, film footage or tape recordings which may include images or voice recordings in YMCA promotional materials.
- I agree that the Wallingford Family YMCA participant will uphold and abide by the rules and regulations adopted by the Wallingford Family YMCA and I recognize that they reserve the right to dismiss or suspend the participant at any time if, in the judgment of the Camp Director, such action is in the best interest of the program. Any participant who is dismissed or leaves early from the program for any reason, and at any time, will not receive a refund - partial or otherwise. It is the Wallingford Family YMCA's expectation that all C.I.T.S. will complete the program.
- Participant specifically assumes all risk of injury arising out of his/her presence on the premises of the Wallingford Family YMCA ("YMCA"). Use of its equipment or facilities and participation in its activities, whether on its premises or at another location and for myself and my heirs and assigns hereby waive, release and agree to hold free from claims arising out of damages for the YMCA and its officers, directors, members, employees or agents. I understand the risk and dangers involved in participating in such programs and agree not to participate in any activity that may injure myself or others.
- I give permission for my child to attend field trips to Bertini Park, Doolittle Park, the Rotary YMCA Teen Center, the YMCA KinderHouse and the Wallingford Family YMCA for camp activities. I understand that my child will walk to and from each activity. Transportation to Bertini Park or any other off-site locations will be provided by Specialty Transportation.

PARENT/GUARDIAN SIGNATURE

DATE



CAMP ULBRICH CIT REFERENCE #1



APPLICANT NAME _____

REFERENCE NAME _____

This person has given your name as a reference that could evaluate his/her character. Please give careful consideration to the questions asked about the applicant. Remember that this individual will be a role model for a group of young children. You as a reference are expected to answer openly and honestly about our leaders of tomorrow! If you have any questions, please contact Rob Newton at rnewton@wallingfordymca.org.

Describe the relationship you have had with this applicant and for how long.

Why would this individual be a positive role model for children?

How would YMCA Camp Ulbrich benefit from having this individual as a CIT?

Are you aware of any problems/concerns that might interfere with this applicant's ability to perform the CIT position?

Please include anything else you feel would be important for use to know about the applicant.

I state that the information provided is true, complete and correct.

PRINTED NAME

SIGNATURE

Camp Ulbrich greatly appreciates your time and effort. Selecting a positive role model for children is no easy task! Your assistance in our program will make our difficult selection process easier, enabling us to choose the best candidates for the position. Thank you!

May we call and/or email you for more information? NO YES

PHONE

EMAIL



CAMP ULBRICH CIT REFERENCE #2



APPLICANT NAME _____

REFERENCE NAME _____

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EMAIL



CAMP ULBRICH CIT REFERENCE #3



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REFERENCE NAME _____

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