



TOWN OF PLEASANT VALLEY

1554 MAIN STREET  
PLEASANT VALLEY, N.Y. 12569

## JR CIT (COUNSELOR IN TRAINING) PACKET

DATE \_\_\_\_\_

NAME \_\_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### THIS IS A TWO PART PROCESS.

**PART 1** IS COMPLETING THE JR CIT REGISTRATION ONLINE AT [WWW.PVREC.COM](http://WWW.PVREC.COM).

**PART 2** IS COMPLETING AND SUBMITTING THIS APPLICATION IN **FULL**.

USING THE CHECKLIST PROVIDED FOR YOU BELOW AS A GUIDELINE, PLEASE BE SURE **EVERYTHING** THAT IS REQUIRED IS INCLUDED WHEN SUBMITTING THE APPLICATION.

PLEASE NOTE: APPLICATIONS THAT ARE MISSING **ANY** OF THE REQUIRED INFORMATION, WILL ***NOT*** BE ACCEPTED.

- PLEASE PROVIDE A **MINIMUM OF TWO LETTERS OF RECOMMENDATION FROM LEADERS IN THE COMMUNITY** (REQUIRED)
- CAMP ACTIVITY RESOURCE WITH INSTRUCTIONS**  
\*MORE INFORMATION IN PACKET
- JR CIT – COUNSELOR IN TRAINING APPLICATION** (REQUIRED)
- IMMUNIZATION RECORD FROM DR.** (BRING TO INTERVIEW)
- STAFF CONTACT INFORMATION** (REQUIRED)
- CAMP SUNNY DAYS GOLDEN RULES** (PLEASE READ AND KEEP FOR REFERENCE)

**NOTE: MANDATORY CAMP STAFF MEETING, TBA**  
**~APPLICATIONS MUST BE RECEIVED BY MAY 21<sup>TH</sup> ~**

ALL FORMS SHOULD BE SUBMITTED TO THE PV RECREATION DEPARTMENT  
LOCATED AT 27 HIBERNIA ROAD, SALT POINT.

OUR OFFICE HOURS ARE MONDAY - THURSDAY 9AM - 4PM AND FRIDAY 9AM - 1 PM.  
THERE IS A SECURE MAILBOX OUTSIDE THE OFFICE DOOR FOR DROP OFF AFTERHOURS.

IF SUBMITTING THEM VIA MAIL,  
TOWN OF PLEASANT VALLEY / ATTENTION: RECREATION  
1554 MAIN STREET, PLEASANT VALLEY, NY 12569.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT THE RECREATION OFFICE.



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## Jr CIT – Counselor In Training Application

**This application should be filled out by the applicant.  
Please provide a *minimum* of two letters of recommendation from leaders in the community along with the completed application form by May 21st .**

**PLEASE READ:**

Thank you for your interest in the Jr CIT (Counselor In Training) Program in The Town of Pleasant Valley. This program is a youth skills-leadership development program for teens between 16 and 17 years of age and participation is on a volunteer basis. This is not a paid position. There will be a Jr CIT performance evaluation, which will enable the Jr CIT participant to use their experience on a job application in the future. Participation as a Jr CIT in the program is not a guarantee for future employment as a Counselor.

Jr CIT Evaluations will be taken into consideration, as part of the interview process to fill open Counselor positions in the future, if an application is submitted for a Counselor Job.

**PLEASE PRINT CLEARLY:**

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

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

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

Town / State / Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Please indicate any Physical Limitations / Medical Conditions we need to be aware of: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

**WORK EXPERIENCE:**

Please list any work experience (Baby-sitting, Volunteer Work, Odd Jobs, etc.):

Name of Business or Individual	Supervisor	Dates of Employment
Job Duties (Type of Work Done)		



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**WORK EXPERIENCE: (Continued)**

Name of Business or Individual	Supervisor	Dates of Employment
Job Duties (Type of Work Done)		

**GENERAL INFORMATION:**

Please list special skills (Arts & Crafts, First Aid, Sports, etc.): \_\_\_\_\_

Please list Hobbies, Sports Teams, etc.: \_\_\_\_\_

Why do you want to be a Jr CIT? (Please be specific): \_\_\_\_\_

**PARENTAL CONSENT:**

I hereby give my permission for my child, \_\_\_\_\_, to participate in the Pleasant Valley Summer Program as a Jr CIT (Counselor In Training). Further, I authorize the Town of Pleasant Valley Summer Program to provide emergency treatment of an injury to or an illness of my child if qualified medical personnel consider the treatment necessary and perform the treatment.

*\*This authorization is granted, only if I can NOT be reached, and a reasonable effort has been made to do so.*

SIGNATURE Of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIRMATION:**

I affirm that the statements made on this application and any attached papers or documents are true. Furthermore, I understand that participating as a Jr CIT in the Summer Program is a Volunteer Position and no guarantee of future employment as a Counselor.

SIGNATURE Of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Jr CIT – Counselor In Training ~ Duties Description**

**PLEASE READ:**

- Be a good role model for campers and fellow Jr CIT's.
- Show respect towards, Program Staff, Counselors, fellow Jr CIT's, Parents and Campers.
- Have a good attitude every day. Wear a smile!
- Eagerly participate in all program areas.
- Follow through with all assigned tasks.
- Keep a daily journal.
- Attend all Jr CIT workshops.
- Must be at least 16 years of age.
- Treat this as your job, make every effort to attend every day; notify Recreation Director if unable to attend Camp.

**List of Possible Assigned Tasks:**

- Assist with program set-up
- Fill water cooler
- Greet young campers and bring them to their group
- Assist in any assigned group
- Distribute equipment
- Assist in any program area
- Help prepare for activities
- Assist with program clean-up
- Other duties as assigned

**And More!!**

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I have read and understand the responsibilities of being a Jr CIT. I will make every effort to perform my duties correctly and with a good attitude. I know I can ask the Program Director for any assistance or clarification of these duties if needed.

SIGNATURE OF Jr C.I.T. \_\_\_\_\_ Date: \_\_\_\_\_



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## CONTACT INFORMATION PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Staff T-Shirt \_\_\_\_\_

### EMERGENCY CONTACT:

*Please provide us with CURRENT telephone numbers for someone other than yourself as a backup if we are not able to reach you, should an emergency arise.*

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's # \_\_\_\_\_

Allergies:

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Any other Medical Information you feel we should be aware of:

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Choose a camp activity from UltimateCampResource.Com or from your own camp experience that you would like to share with your campers.

- 1 Choose age group by grade (can cover more than 1 grade)
- 2 Activity Title
- 3 Materials Needed
- 4 Instructions on how to play

For Example:

**Activity Title**

**Drip Drip Splash**

**Age Group**

Grades 1 – 3

**Materials Needed**

Cup of water

**Instructions**

Great for a hot day. Played the same as Duck-duck-goose, but instead of touching the heads of those not picked they have a little bit of water from a cup dropped on their head. The person picked gets the rest of the cup poured on their head.

[www.ultimatecampresource.com](http://www.ultimatecampresource.com)



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## **CAMP SUNNY DAYS GOLDEN RULES**

1. Our campers are THE most important people in our camp.
2. Our campers are not dependent on our camp; they ARE the purpose of it.
3. Campers are NOT interruptions of our work; they ARE the purpose of it.
4. Our campers do us a favor when they ask for help, we are NOT doing them a favor by serving them.
5. Our campers are part of the camp; they are not "outsiders".
6. Our campers are not cold statistics, they are flesh and blood human beings with feelings and emotions like our own.
7. Our campers are not people with whom to argue or match wits.
8. Our campers are people who bring us their wants; it is our job to fill those wants.
9. Our campers are deserving of the most courteous and attentive treatment we can give them, nothing less is acceptable.
10. Campers are the lifeblood of this camp; THEY ARE the reason we have a job.

*"Those who bring sunshine into the lives of others, cannot keep it from themselves."*

*~James Barrie*