



MetroWest YMCA Day Camp Counselor In Training (CIT) Program

The CIT program is designed to train prospective staff members for employment at the MetroWest YMCA at Hopkinton Day Camp. It is also designed to give participants positive volunteer service experience in their community. With this objective in mind, the program will attempt to give the CIT's the necessary background to assume leadership roles. This is a program for teens serious about learning to work with children and improving their leadership skills.

CIT's are not campers and they are not staff, they are volunteers for the YMCA. In volunteering for the MetroWest YMCA Day Camp, CIT's commit to volunteer a minimum of one two week session during our camp season in its entirety. CIT's must abide by all rules and policies of the YMCA as stated in the CIT contract.

CIT's will be matched with a unit within camp and work with different camper groups within that unit. 2nd year CIT's will have the option to work with a camp group or specialty area. Senior Counselors will serve as mentors and CIT's will ultimately be evaluated by the Head Counselor/ Unit Leader of the unit they are serving or Specialist. CIT's will also take part in several training sessions and group discussions with the Camp Director and/or Assistant Camp Director throughout the session.

Expectations of CIT's

- Report to Camp Daily on time between 8:30-9:00am and check in with their Unit Leader.
- Role-model for campers the YMCA character values of Caring, Honesty, Respect, and Responsibility.
- Provide a safe and healthy environment for campers.
- Keep the camp property clean and free of litter.
- Take proper care of YMCA property and equipment.
- To be enthusiastic and engaged with campers during group and activity times.
- To always represent the YMCA in a positive manner.
- Ask questions, Ask Questions, Ask Questions! Questions are good-you are here to learn!
- Have timely communication with the Camp Director and your Unit Leader regarding need for absence, late arrival or early dismissal.
- Have timely communication with the Unit Leader or Camp Director regarding issues or concerns you have about a camper, staff member or yourself.

CIT Responsibilities

- Assist counselors and unit staff with management of campers.
- Communicate with staff problems or issues that arise with campers
- Work with counselors to resolve disciplinary issues that arise with campers.
 - Note that CIT's should at no time decide on punishment or disciplinary action of campers. They can talk with campers to resolve small conflicts and problems but will not decide to take away privileges, etc. All issues of this nature should be resolved with the help and assistance of a staff member.

- You are not to take total responsibility for campers alone nor attempt to correct an unusual problem situations.
- To be active participants and assist staff during specialist, program and group time and rainy days.
 - Help campers in being successful with games, projects and activities.
 - Participate in activities with campers.
 - Assist specialists in enforcing rules and instructions.
 - Assist in leading games and activities during downtime and rainy days.
- Assist in the set-up and facilitation of camp events such as theme days.
- Serve as camper escorts for late arriving campers during morning drop-off.
- Assume additional, reasonable responsibilities as assigned by the Unit Leader or Camp Directors
- HAVE FUN and BE SAFE!

Other

- CIT's are on duty until 4:00 daily
 - CIT's who will be driving themselves to camp will park their cars in the lower dirt parking lot only.
 - CIT's to be picked up by parents should be picked up by 4:00pm daily. Those who need to stay beyond 4:00 will assist with the Extended Day program and will assume the same responsibilities as stated above.
 - CIT's can ride camp buses to and from camp at no fee. Those that do ride the bus will assist the bus monitor with camper management. CIT's who ride the bus may be asked to fill in as bus monitor if the bus monitor is absent.

For questions about this program, please contact Roberta Sinclair, Camp Director, at 508-435-9345 ext. 15 or rsinclair@metrowestymca.org



The MetroWest YMCA at Hopkinton

45 East Street, Hopkinton, MA 01748
508-435-9345 Voice 508-435-9201 Fax

2009 Counselor-In-Training Volunteer Application

Please answer all questions, and print neatly. Thanks!

Part 1—Information About You...

Name: _____ Today's Date: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: _____ Email Address: _____

Name of Parent/Guardian: _____

School you attend: _____ Grade to be completed as of 6/29/09: _____

Part 2—Your Experiences...

Summer Camp Experience:

Year	Name of Camp	Location of Camp	Camper, Volunteer, or Staff?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience in Clubs, Sports, and Other Organizations or Volunteer work within your school or community:

Name of Club/Team	Organization	Years as Member	Role/Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job or Work related experience:

Company Name	Job Title	Responsibilities	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____

Current Certifications (such as First Aid, CPR, Lifeguard, Babysitting, etc...)

Type of Certification	Issuing Organization	Expires
_____	_____	_____
_____	_____	_____

Continues on Reverse Side...

Part 3—Short Answer

On a separate paper, please answer the following questions. Please type or print neatly and attach to this application.

- 1) What experience do you have working with youth ages 4-13?
- 2) Please tell me about a counselor, mentor, coach, or older adult that has been influential in your life. Please describe the skills/talents/behaviors of this person that you would want to model.
- 3) What does “volunteerism” mean to you?
- 4) Why do you want to volunteer to be a Counselor-In-Training at the MetroWest YMCA Day Camp this summer?

Part 4—Camp Skills (put a “1” next to areas you have participated in and a “2” next to areas you want to learn about)

Put a “1” down if you can teach a skill as an expert, a “2” down if you have some experience and can help teach a skill, and a

- | | | |
|---------------------|----------------------------------|----------------------------|
| _____ Archery | _____ Hiking | _____ Fort Building |
| _____ Arts & Crafts | _____ High Ropes/Belaying | _____ Singing/Song Leading |
| _____ Camping | _____ Kayaking | _____ Sports |
| _____ Canoeing | _____ Low Ropes/Initiative Games | _____ Storytelling |
| _____ Drama/Acting | _____ Nature/Ecology | _____ Swimming |
| _____ Group Games | _____ Outdoor Living Skills | |

Part 5—References

Two forms or letters of reference are needed in order to apply to the CIT program. Reference forms/letters cannot be from people related to you and should speak to characteristics such as your leadership, creativity, enthusiasm, initiative, etc. Forms/ Letters of reference can be returned together or separate from this application. Two reference forms are included with this application.

Part 6

Please check off the sessions you are able to volunteer for if accepted as a CIT. Note that by taking part in this program you must commit to volunteer for a minimum of one full session two week session in it’s entirety. You will be able to volunteer for multiple sessions if desired, accepted and room allows.

_____Session 1: 6/29-7/10 _____Session 2: 7/13-7/24 _____Session 3: 7/27-8/7 _____Session 4: 8/10-8/21

Please read carefully:

-I certify that all of the information on this form is accurate and complete.
-I authorize the MetroWest YMCA to make inquiries regarding my work and/or educational history, and release the MetroWest YMCA and any former employers, schools, or individuals from all liability with respect to such inquiries.
-I understand that if accepted into the MetroWest YMCA Counselor-In-Training program, I will be expected to conduct myself in a manner consistent with the YMCA Character Values of Caring, Honesty, Respect, and Responsibility.

Signature

Date

I give my permission for my child/ward to apply for acceptance to the MetroWest YMCA Counselor-In-Training program, and will support my child/ward should he/she be accepted into the program.

Parent/Guardian Signature

Date



Reference Form

MetroWest YMCA

Day Camp CIT

Return To:
Camp Director
MetroWest YMCA
45 East Street
Hopkinton, MA 01748
(508) 435-9345 voice
(508) 435-9201 fax

To The Applicant: Please fill out and sign the boxed section and give to a non-related individual to fill out.

Name of Applicant: _____	Position applied for: _____ CIT _____
I authorize the release of this information to the MetroWest YMCA.	
_____	_____
Signature	Date

To The Reference: The above-named individual has applied for a Counselor In Training (CIT) position at the MetroWest YMCA Summer Day Camp. Because it is important that our volunteers and leaders have the patience and understanding to work well with children, parents, staff members and fellow CIT's, we would like information concerning the personal and professional qualifications of this applicant. Characteristics such as creativity, initiative, self-motivation, energy, cooperation, and personal integrity are important. Your assistance is appreciated, and your responses will be kept in confidence. Thank you for your promptness in completing this form! Please return it to the above address or to the applicant as soon as possible. Thank you! *Please note that you can send a reference letter instead on this form but make sure to cover all of the areas that you are asked to comment on within this form.*

How long and in what capacity have you known this applicant? _____

What do you feel is the greatest strength of this applicant with regard to being a leader, instructor and/or volunteer at the MetroWest YMCA's Day Camp?

In what way would you like to see this applicant develop personally?

Would you have any reservations about children being in the care of this applicant? Please comment. _____

In your opinion, is this applicant a suitable positive role model for youth ages 4-13? Please comment. _____

Please rate this applicant in the following areas:

	Excellent	Good	Fair	Poor	N/A	Comments
Cooperates with supervisors						
Has good communication skills						
Relates well with children						
Is patient						
Is punctual						
Displays a positive attitude						
Is mature						
Is safety-conscious						
Has a sense of humor						
Can grasp ideas quickly						
Considers alternatives and consequences before acting						
Completes tasks enthusiastically						
Relates well with peers						
Is caring						
Is honest						
Is respectful						
Is responsible						
Is flexible-can adapt to changing situations						

Overall Rating of this applicant:						
--	--	--	--	--	--	--

_____ I recommend acceptance without any reservations

_____ I recommend acceptance with some reservation (List concerns below)

_____ I recommend that this applicant not be accepted to the CIT program (List concerns below)

Remarks: _____

Reference Printed Name

Reference Signature

Title

Date

Organization

Telephone #

MetroWest YMCA
We build strong kids,
strong families, strong communities.

CHAPTER 6, SEC. 172H - CORI REQUEST FORM

MetroWest YMCA – Hopkinton Branch is requesting all the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, Sect 172H, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

Volunteer Signature: _____

VOLUNTEER INFORMATION (*please print*)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (*if applicable*) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME

but not required)

(Requested,

CURRENT STREET: _____ TOWN: _____ ZIP: _____

FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

***** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:**

REQUESTED BY: _____ DATE SUBMITTED: _____
Signature of CORI Authorized Employee

CHSB USE ONLY

RECORD ATTACHED _____ NO RECORD _____