

# COUNSELOR IN TRAINING PROGRAM APPLICATION

Part 1: To be filled out by parent/guardian

NAME:	DATE OF BIRTH:
GRADE COMPLETED JUNE 2018:	AGE:
STREET:	MALE FEMALE
TOWN:	HOME PHONE:
CHOSEN PROGRAM DATES:	T-SHIRT SIZE:

PARENT/GUARDIAN NAME:	
WORK PHONE:	CELL PHONE:
EMAIL ADDRESS:	

Does your child have any medical concerns? Asthma \_\_\_\_\_ Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ Cardiac \_\_\_\_\_ Other \_\_\_\_\_

Does your child have any allergies? Food \_\_\_\_\_ Bees \_\_\_\_\_ Medications \_\_\_\_\_ Other \_\_\_\_\_

Does your child have an Epipen/AuviQ? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child take any medications? Please list:

If your child needs medication during camp hours, please pick up a MEDICATION FORM from the office.

<b>CHILD'S PHYSICIAN:</b>
<b>OFFICE PHONE:</b>

**OTHER EMERGENCY CONTACTS** (to be contacted if parents/guardians cannot be reached):

NAME:	PHONE:
NAME:	PHONE:

If there is anyone **NOT AUTHORIZED** to contact your child or if you have other pick up concerns, please inform the C.I.T Coordinator on the first day of camp.

## PHOTOGRAPHIC & COOKING ACKNOWLEDGMENT:

We periodically take photos at day camp and these photos may include C.I.T's. Also, we do sometimes share photos on our Facebook page. If you have any concerns regarding your child, please speak to our C.I.T Coordinator. C.I.T's regularly participate in cooking activities. Please notify our staff of any concerns regarding your child.

Please initial here as acknowledgement of this information \_\_\_\_\_

**Additional liability waivers may be required for special events. You will be notified of these events in the emailed newsletter regarding the upcoming week's camp activities. An office staff person will be available each Monday morning at drop off for completion of these forms. If we do not have a completed and signed form, your child may be excluded from the special event.**

## SIGNATURE REQUIRED BELOW:

I/We the parent(s)/guardian(s) of \_\_\_\_\_, a participant in the Milford Comm. Use Summer Programs, hereby give my/our approval to his/her participation in any and all Milford Community School Use Program activities during the current year. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Milford Community School Use Program, the town of Milford, the organizers, supervisors, sponsors, participants, and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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## Part 2: To be filled out by participant

1. What school do you attend? \_\_\_\_\_
2. Were you previously a camper at the MCSUP Day Camp? \_\_\_\_\_
3. Please list any/all extracurricular activities you participate in. \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any special interests? \_\_\_\_\_
5. Please list any experience you may have volunteering for your community or school? \_\_\_\_\_  
\_\_\_\_\_
6. Why do you want to participate in this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What would you like to get out of the C.I.T program? \_\_\_\_\_  
\_\_\_\_\_
8. Please list something you are proud of. \_\_\_\_\_

**Part 3: To be filled out by an educational reference.** Name: \_\_\_\_\_  
Phone # or Email Address: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. What do you feel is the greatest strength of this applicant? \_\_\_\_\_  
\_\_\_\_\_
3. In what way do you think the applicant will benefit from participating in this program?  
\_\_\_\_\_  
\_\_\_\_\_
4. Which term best describes this applicant's role in a group setting: initiator, observer, compromiser, harmonizer or bystander? \_\_\_\_\_

**Part 4: To be filled out by a personal reference.** Name: \_\_\_\_\_  
Phone # or Email Address: \_\_\_\_\_

1. How long and in what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_
2. What do you feel is the greatest strength of this applicant? \_\_\_\_\_  
\_\_\_\_\_
3. In what way do you think the applicant will benefit from participating in this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How receptive is this applicant to direction? \_\_\_\_\_