



Camp Washington's 2016 Season Counselor-In-Training Camping Program

Camp Washington, the summer camp program of the Episcopal Church in Connecticut is a residential, co-ed camp experience for children and youth.

Camp Washington is open to all people regardless of race, religious creed, sex, age, national origin or physical abilities. Our outdoor ministry is dedicated to providing an opportunity for individuals to come to know God's grace through the experience of a loving and committed community and to share that experience to make God known. We believe that all who experience our program should have the opportunity to grow spiritually, emotionally, socially and physically and return home refreshed and renewed.

The Counselor-in-Training (CIT) program is designed to give the camper an overall experience of what it means to work with children and youth in a camp environment and to develop leadership roles above and beyond the camp setting. The CIT program is an intensive one that seeks to develop the many gifts that God has given each one of us.

☉ WHO CAN PARTICIPATE?

This camping program is open to young people 16-17 years of age who show a willingness to explore their faith, have a desire to work with children, who have a love for living, playing, teaching and working in the outdoors and are willing to work as part of a team.

CITs are chosen through a very selective process which includes a written application, interview and personal reference checks.

Applicants will be chosen on the basis of their interest in children, character and willingness to learn. Please note, the CIT camping program is both physically and emotionally demanding, only those with a serious desire to participate fully in all aspects of the program should apply. **Up to Seven positions will be available this summer, 3 Males, and 4 females.**

⊙ **PROGRAM:**

Our goal is to invest in the quality of our future staff by providing a specific hands-on training experience in a supervised and supportive learning environment. The program requires dedication, maturity, enthusiasm and patience.

⊙ **TIME COMMITMENT:**

This program is a four week commitment and includes:

CIT orientation - held the week before the first camp session, starting Friday, June 24th. This is a time to get to know one another and to begin working with each other as we become familiar with the camp program and the specific job responsibilities.

Three weeks of summer camp sessions.

Children's Camp I through Children's Camp III (ages 7 - 12).

July 3 - July 22.

⊙ **STAFF:**

The Camp Director along with Senior Staff will coordinate the CIT program.

⊙ **FEES:**

A \$525 fee is charged for the entire program.

An important note to remember: All CIT campers are expected to leave camp property between camp sessions (Friday @ 7:00 pm to Sunday @ 10:00 am). Camp Washington is not responsible for transportation.





2016

Camp Washington 190 Kenyon Road Lakeside, CT 06758
Tel: (860) 567-9623 Fax: (860) 567-3037
camp@campwashington.org www.campwashington.org

Counselor-In-Training (CIT)
Program Application

Statement of Practice:
In order to safeguard the well-being of the youth served, Camp Washington will investigate the accuracy of the data provided in the application process for all applicants before appointment to the camp staff can be made. This investigation will include, but is not limited to, reference checks with past employers, personal references provided, the military, educational institutions, volunteer organizations, civic groups and law-enforcement agencies.

Please Note: Only complete applications will be considered for an interview.

GENERAL INFORMATION

NAME:

FULL PERMANENT ADDRESS:

Street:

City/State/Zip:

Telephone:

Email:

Shirt Size (for staff shirts):
Small
Medium
Large
X-Large
Other Size:

Social Security #:

Sex: Male Female

Date of Birth:

Parish Affiliation (Name/Town/State):

U.S. Citizen? Yes No

Visa type, if not U.S. Citizen:

Drivers License? Yes No

Drivers License State & Number:

Are you available for a: Personal Interview? Yes No

Phone Interview? Yes No

❖ **SELF DISCLOSURE** ❖

- ◆ Are there any reasons why you may have difficulty in performing any of the essential elements of the program for which you have applied? Yes No
If YES, please explain on a separate sheet of paper.
- ◆ Have you ever been convicted of a **felony** or **misdemeanor**? Yes No
If YES, please indicate on a separate sheet of paper the conviction(s), date(s) & circumstances.
- ◆ Have you ever been convicted of a child or sexual abuse offense? Yes No
If YES, please indicate on a separate sheet of paper the conviction(s), date(s) & circumstances.

❖ **EDUCATION & TRAINING** ❖

- ◆ Name & address of school currently attending:

- ◆ Expected date of graduation:

- ◆ Associations, clubs, sports, societies, awards, etc.:

-
- ◆ In the space below, please provide details of any **formal training** or **certification** relevant to the position for which you are applying. You may include any certifications that you intend to renew before the summer.

❖ **CAMP EXPERIENCE** ❖

- ◆ Camper and/or Staff
- ◆ Day Camp Overnight Camp
- ◆ Camp Name & Full Address:

- ◆ Camp Director's Name:

- ◆ Dates of attendance/employment:

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- ◆ Day Camp Overnight Camp
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- ◆ Camp Director's Name:

- ◆ Dates of attendance/employment:

❖ VOLUNTEER EXPERIENCE ❖

Show present or last volunteer experience first and any past volunteer work.

◆◆ Agency/Organization Name & address:

◆ Telephone:

◆ Dates of volunteer service:

◆ Your position/title:

◆ Supervisor's name/title:

◆ Brief description of work/project:

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◆ Dates of volunteer service:

◆ Your position/title:

◆ Supervisor's name/title:

◆ Brief description of work/project:

If you need to list more than two agencies/organizations, please attach a separate piece with the above information.

❖ **REFERENCES** ❖

- ❖ Please provide **complete** information for 3 individuals who have knowledge of your character, experience and ability. Those listed below may not be listed under past employment. ❖

1. Educational/Professional Reference

◆ Name & Full Address (include zip):

◆ Telephone:

◆ Email address:

◆ Relationship:

2. Personal Reference

◆ Name & Full Address (include zip):

◆ Telephone:

◆ Email address:

◆ Relationship:

3. Family Reference

◆ Name & Full Address (include zip):

◆ Telephone:

◆ Email address:

◆ Relationship:

❖ QUESTIONS ❖

❑ Please answer the following questions completely in as much detail as possible using a separate piece of paper for questions 1 thru 5 & return it with this application.

1. Why have you chosen to apply to a Christian Camp?
2. What do you expect to gain from the Counselor-in-Training program at Camp Washington?
3. Please list and describe three strengths and three weaknesses that would have a bearing on your participation in the CIT program at Camp Washington.
4. What kind of employment, education and personal experiences have you had that would contribute to your success at Camp Washington?
5. If you have been a camper or staff member at any camp, discuss something that stands out in your mind about the experience.
6. Which of the following do you think are the most important lessons that children learn from a camp experience? (Indicate your top three choices only.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Self reliance | <input type="checkbox"/> Self-confidence & self-esteem | <input type="checkbox"/> Getting along with others/teamwork |
| <input type="checkbox"/> Problem solving | <input type="checkbox"/> Recreational skills | <input type="checkbox"/> Building friendships |
| <input type="checkbox"/> Moral values | <input type="checkbox"/> An appreciation of the outdoors/environmental concerns | <input type="checkbox"/> Spiritual development |
| <input type="checkbox"/> Diversity of people & cultures | | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Self-discipline | <input type="checkbox"/> Fun | |

▪ I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements herein and release the Camp and all others from liability in connection with same. I understand that if accepted into the CIT program I will be a volunteer and that any agreement to the contrary must be in writing and signed by the Executive Director or the Director of Camp & Program. I also understand that untrue, misleading, or omitted information herein may result in dismissal from the program regardless of the time of discovery by the Camp. In signing this form, I acknowledge that Camp Washington reserves the right to conduct criminal records checks and “for cause” or random drug testing on me as a volunteer; and that Camp Washington also reserves the right to terminate my participation in the CIT program pending the outcome of a drug testing and/or the criminal record check, during the entire duration of signed participant agreement.

Applicant Signature: _____

Parent/Guardian Signature: _____

Date: _____