

# Chester County Sports Arena Counselor in Training Contract

## Application

**Applicants Information:** (Please print all information below)

**Name:** \_\_\_\_\_ **Gender:** M / F **D.O.B:** \_\_\_\_\_ **Age:** \_\_

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**School:** \_\_\_\_\_ **Grade (Fall 2018):** \_\_\_\_\_

**Parent or Guardian Information:** Name/Relation

\_\_\_\_\_

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

**Phone Numbers Home:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**1. Email:** \_\_\_\_\_ **2. Email:** \_\_\_\_\_

**Emergency Contacts:** (Someone not listed above in the Parent or Guardian Information)

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

Write a short essay describing the following: your interest in this program, why you wish to become a CIT, what you hope to achieve and learn from the CIT program, two strengths and two weaknesses you possess.

\_\_\_\_\_  
\_\_\_\_\_  
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# Chester County Sports Arena

## Counselor in Training Contract

### Contract

Thank you for your interest in volunteering as a **Counselor In Training (CIT)** with **the Chester County Sports Arena Summer Camp 2018!** Our program is for teenagers, *ages 14-17*, who are a little too old for Camp, but would like to experience the fun while taking on a leadership role. CITs are able to attend and experience camp at no charge, as long as requirements below are fulfilled. It is our goal that youth volunteers will be provided with:

- The opportunity for high school aged kids to participate in a development program consisting of leadership and service activities.
- Essential guidance and a support system designed to help youth examine the values inherent in human service, either as a career or a volunteer pursuit. Involvement in this program is voluntary. However, youth will be responsible to follow through with commitments, job assignments, and training requirements.
- Work directly with head counselor to learn leadership skills, develop positive relationships with adults and campers.

As a Counselor in Training, I \_\_\_\_\_ agree to:

1. Be committed to attend camp during camp hours of 8:30am-4:30pm. (Hours are flexible if needed).
2. To complete, to the best of my ability, all job assignments in a prompt, reliable and safe manor, having a positive attitude throughout. This may include assisting in serving lunches for kids, helping with sunscreen applications (if permitted by camper's parent), leading small group games, assisting younger kids with collection of their belongings, etc.
3. To be a positive role model to children and youth at all times, by maintaining the dignity and integrity of CCSA Summer Camp, and with fellow members. This includes the content of conversations and the use of appropriate language. I will consistently follow the rules set for kids and be a good example of behavior expectations.
4. To stay within the bounds of courteous and respectful behavior at all times, whether on a fieldtrip or at the Arena.
5. To treat every CCSA employee with respect and will notify Director, Assistant Director or Lead Counselor of any behavior problem that requires disciplinary action. I will not administer any disciplinary actions. I will speak to children on their level and in a proper tone of voice.
6. To put the needs of the children before my own and be willing to assist them in any way I can, helping them to be successful. This includes minimal to no use of cellphones.
7. Ask questions whenever necessary to attain a complete understanding of the program activities which I coordinate under the supervision of an adult professional staff member.
8. To maintain a smooth working relationship with all staff members, showing a willingness to learn, an ability to take initiative, and a desire to be a leader.
9. To be flexible, dependable, and teachable, willing to learn, and accept the supervision from CCSA Counselors.
10. Assist daily with camper lunches. This includes serving, monitoring lunches with counselor's, as well as making sure campers clean up their mess.

# Chester County Sports Arena

## Counselor in Training Contract

Please check your weeks you are available to work:

___ June 11 <sup>th</sup> – 15 <sup>th</sup> ___ June 18 <sup>th</sup> – 22 <sup>nd</sup> ___ June 25 <sup>th</sup> – 29 <sup>th</sup> ___ July 2 <sup>nd</sup> – 5 <sup>th</sup> ___ July 9 <sup>th</sup> – 13 <sup>th</sup> ___ July 16 <sup>th</sup> – 20 <sup>th</sup>	___ July 23 <sup>rd</sup> – 29 <sup>th</sup> ___ July 30 <sup>th</sup> – Aug 3 <sup>rd</sup> ___ Aug 6 <sup>th</sup> – Aug 10 <sup>th</sup> ___ Aug 13 <sup>th</sup> – 17 <sup>th</sup> ___ Aug 20 <sup>th</sup> – 24 <sup>th</sup> ___ Aug 27 <sup>th</sup> – Aug 30 <sup>th</sup>
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If no other counselors are available, would you be able to do Before or After Care?

\_\_\_ *Before Care: 7am-8:30pm - \$9*

\_\_\_ *After Care Bonus: 4:30-6pm - \$9*

Along with this form, two references must be completed by someone *NOT* related to applicant. Also plan on scheduling an in-person interview. All applicants under the age of 18, but complete same health waivers as campers which are on our website.

CITs may purchase lunch for \$5 and must provide their own snacks. Camp t-shirts will also be available for purchase at \$5 per shirt. If you wish, you may provide your own shirt to have CCSA decal printed on front.

If I am selected to participate as a CIT, I agree to fulfill the above requirements. I understand that failure to do so will result in suspension or removal from the program at the discretion of Camp Director.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CCSA Director

\_\_\_\_\_  
Date

# Chester County Sports Arena Counselor in Training Contract

## Chester County Sports Arena Counselor in Training (CIT) program

### Reference Form #1

CCSA CIT program provides leadership training for young people who love working with children and are interested in future camp counseling employment. The program creates an opportunity for teens to develop leadership and job skills. Please share with us any qualities and characteristics that the applicant possesses that would make him/her an ideal candidate for this program.

Please note: References must be someone not related to the applicant.

Name of applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Your assessment of his/her abilities in the following areas would be appreciated.

Working with Children: \_\_\_\_\_

\_\_\_\_\_

Communication: \_\_\_\_\_

\_\_\_\_\_

Listening and Understanding Tasks: \_\_\_\_\_

\_\_\_\_\_

Working with peers: \_\_\_\_\_

\_\_\_\_\_

Leadership abilities: \_\_\_\_\_

\_\_\_\_\_

Enthusiasm: \_\_\_\_\_

\_\_\_\_\_

How long and in what capacity have you known the applicant? Other comments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Chester County Sports Arena Counselor in Training Contract

## Chester County Sports Arena Counselor in Training (CIT) program

### Reference Form #2

CCSA CIT program provides leadership training for young people who love working with children and are interested in future camp counseling employment. The program creates an opportunity for teens to develop leadership and job skills. Please share with us any qualities and characteristics that the applicant possesses that would make him/her an ideal candidate for this program.

Please note: References must be someone not related to the applicant.

Name of applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Your assessment of his/her abilities in the following areas would be appreciated.

Working with Children: \_\_\_\_\_

\_\_\_\_\_

Communication: \_\_\_\_\_

\_\_\_\_\_

Listening and Understanding Tasks: \_\_\_\_\_

\_\_\_\_\_

Working with peers: \_\_\_\_\_

\_\_\_\_\_

Leadership abilities: \_\_\_\_\_

\_\_\_\_\_

Enthusiasm: \_\_\_\_\_

\_\_\_\_\_

How long and in what capacity have you known the applicant? Other comments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_