



**Village of New Maryland
Recreation & Leisure Services
Counsellor in Training Program (CIT)
Application Form 2023**



Applicant Personal Information

Name of Applicant: _____ Male / Female
Mailing Address: _____
(Street) (City/Village) (Postal Code)
Telephone Number: (h) _____ (c) _____
Email: _____ Age: _____ (as of Dec. 31, 2023)
Medicare Number: _____ Expiry Date: _____
Family Doctor: _____ Phone: _____
Guardian's Name: _____ Work Number: _____
Cell Number: _____
Home (if different from above) _____
Guardian's Name: _____ Work Number: _____
Cell Number: _____
Home (if different from above) _____
Other authorized person(s): Name: _____ Number: _____
Have you been a Day Camp Participant? _____ What year did you last participate? _____

Please note the CIT Program is open to Youth between the ages of 14 and 16 only.

Personal References

Name: _____
Address: _____
Phone Number: (h) _____ (w) _____ (c) _____
Name: _____
Address: _____
Phone Number (h) _____ (w) _____ (c) _____

Education and Experience

Name of School: _____
Current Grade: _____ Major Subjects: _____

Experience with Children

- . Do you have any siblings? YES ____ NO ____ If yes, how many ____ ages ____
- . Have you ever worked with children? YES ____ NO ____
- . If yes, please describe:
 - o Number of Children: _____ Age Group: _____

- Explain the environment you were in when working with the children (day care setting, camp, church, coach etc)

- Describe the activities you assisted in leading.

- Describe the activities you led.

Leadership Skills

In the following, put the letter “T” before those activities you can organize and teach, the letter “A” for those activities you can assist in teaching, and the letter “c” for those you have a current certification and the letter “H for those that are hobbies.

	Archery		Astronomy		Baseball
	Basketball		Campfire Programs		Climbing/rappelling
	Drama		Forestry		Game leading
	Guitar		Hiking		Jewellery making
	Karate/martial arts		Nature crafts		Painting
	Photography		Puppetry		Orienteering
	Outdoor cooking		Science		Sign language
	Skits and stunts		Soccer		Song leading
	Volleyball		Woodworking		Gymnastics
	Ball hockey		Other		Other

- . Please list your participation in clubs and or groups, or teams:

- . Why do you want to be a CIT?

- . What do you expect to gain from the CIT experience?

- . How can you contribute to the program?

Are you available to attend a CIT group interview / meet & greet on **Monday, June 5th from 6:30 – 8:00 pm** at the New Maryland Centre?

YES ____ NO ____

Application & Admissions

I hereby certify that the information provided on this application is accurate and to the best of my knowledge and understand that completion of this form does not guarantee me status as an applicant or any consideration for the CIT Program.

Applicant Signature

Date

Parental Consent *(this section must be completed by applicant's Parent or Guardian)*

Allergies/Medical/Behavioural Conditions

Please list and describe any Allergies, Medical Conditions and or Behavioural conditions that may affect your child's safety while participating in the CIT Program.

I hereby request that my child's application be accepted for consideration to participate in the Village of New Maryland Recreation and Leisure Services Counsellor in Training Program (CIT). I understand and am aware that if selected, my child will be participating in many physical activities and that the potential for accident does exist. In consideration of acceptance to the CIT Program:

- . I, the undersigned, assume all responsibility for my child's participation in the Village of New Maryland CIT Program. I hereby release the village from any and all claims or demands which I or my child have or may have in an incident/accident that may occur.
- . I, the undersigned, as the legal parent/guardian hereby authorize the Village of New Maryland to provide and administer immediate first aid and to secure medical advice or services to ensure the proper treatment for my child if the need arises.
- . I, also, agree that pictures and video taken in connection with the program or event may be used for promotional purposes.

By signing the below, I signify that I have read, understood, and voluntarily agree to be bound by each of the terms stated above:

Parent/Guardian Signature:

Date:

Please e-mail your completed application no later than Monday, May 29th to the Recreation Coordinator (michelle.sawler@vonm.ca) or you may drop it off at the Village Office.