

LYSANDER PARKS AND RECREATION

8220 Loop Rd.

Baldwinsville, New York 13027

Office: (315) 635-5999

Fax: (315) 635-1619

Email: recreation@townoflysander.org

Web Page: www.townoflysander.org

TONY BURKINSHAW, *Program Director*

Dear Parent and CIT Applicant,

Attached is the application for the 2016 Summer Day Camp – Counselor in Training. This program is for those students who want to gain experience working with children while being supervised by the Day Camp Staff.

- Level of grade will determine who will be allowed to participate and we will limit participation to a designated number of weeks depending on the number of CIT's in the program.
 - A student who has completed 7th or 8th grade will be allowed to apply for 3 – 4 weeks
 - A student who has completed 9th grade will be allowed to apply to for 4 – 5 weeks
 - A student who has completed 10th grade will be allowed to apply to for 5 – 6 weeks
- All CIT applicants will be asked to come in for an interview / conversation to see where they might fit best into the program. This is to help us determine who might be a good candidate. For returning CIT's this will allow me to review last year's performance.
- We have a limited number of CIT positions, an application is not a guaranteed placement.
- CIT's who have been selected will only be able to work from 8:30 am – 3:30 pm (Even if they have a sibling who is staying longer we prefer that you leave at 3:30)
- When filling out the application, you will be asked to give your preference of weeks by indicating first choice, second choice etc.
- There is a \$30.00 fee per week.

It is our thought that this will program will benefit everyone involved and we look forward to receiving your application.

Sincerely yours,

Tony Burkinshaw
Program Director

This page left blank intentionally.

2016 Camp Dates: July 11th – August 19th
(Mandatory Training: July 7th & 8th)

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CELL NUMBER: _____ BIRTHDATE: _____ AGE: _____ T-SHIRT SIZE: _____

E-MAIL: _____

What grade were you in as of May 2016? _____

Have you been a CIT at Lysander Day Camp?

Summer 2015 _____ Summer 2014 _____ Summer 2013 _____ Summer 2012 _____

Are you certified in any of the following?

Babysitting Yes _____ No _____ Expiration Date _____

First Aid Yes _____ No _____ Expiration Date _____

Work Experience: List any jobs you have had such as babysitting, mowing lawns & who you worked for. Any experience working with children should also be listed.

Dates	Contacts	Phone	Nature of Work

Briefly describe some of your experiences working or interacting with children:

What do you think you can bring to our Day Camp program? _____

What do you think you will get out of becoming a CIT? _____

Deadline for Applications: *Friday, April 22nd, 2016*

Please indicate with an “X” which weeks you will be available (minimum of 3 weeks please).

Training (must attend)	July 7 th & 8 th	<u> X </u>
Week 1	July 11 th to July 15 th	_____
Week 2	July 18 th to July 22 nd	_____
Week 3	July 25 th to July 29 th	_____
Week 4	Aug. 1 st to Aug. 5 th	_____
Week 5	Aug. 8 th to Aug. 12 th	_____
Week 6	Aug. 15 th to Aug. 19 th	_____

Due to requirements set by the **Onondaga County Health Department** and the recent change in LDC location, the CIT program will be limited to 5 CIT’s per week.

If accepted as a CIT, I understand that I will be expected to act in a responsible and orderly manner and follow the rules and regulations just as any camper or counselor is expected to.

(Signature of Applicant)

(Date)

I the (parent/guardian) of the above, agree to allow (him/her) to enroll as a CIT. I understand that even though my child is over the age of 13 and has completed at least the 7th grade, that Lysander Parks & Recreation Department is still responsible for their behavior. If there are problems at camp I will be notified and my child could be asked to leave the program if the problem is not corrected.

I also understand that there is a fee of \$30.00 per week for the program and that payment is due in FULL no later than *June 24th* for the weeks that they are attending.

(Signature of Parent)

(Date)

Mail To: *Lysander Parks & Recreation
8220 Loop Rd
Baldwinsville, New York 13027*