



EAST WINDSOR PARKS  
AND  
RECREATION DEPARTMENT

**2009 Counselor-In-Training Application**

*Application is due Monday, June 5<sup>th</sup> 2009*

*This Application must be submitted to the Parks and Recreation Office, in addition to the C.I.T. Registration Form.*

*The Application can be mailed, faxed, or delivered to the Parks and Recreation Office.*

Town of East Windsor  
Parks and Recreation Department Office  
Mailing Address: 11 Rye Street  
Broad Brook, CT. 06016  
Phone: (860) 627-6662  
Fax: (860)623-4798  
Email: [mgreen@eastwindsor-ct.com](mailto:mgreen@eastwindsor-ct.com)

**Location:** 76 South Main Street/Route 5 (East Windsor High School)

**East Windsor Parks and Recreation Summer Camp  
C.I.T. Program Application**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (P.O. Box or Apt. Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

School Name: \_\_\_\_\_ Present Grade: \_\_\_\_ Age : \_\_\_\_

**In case of accident or emergency, please notify:**

\_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address)

**What sessions are you applying for? (Please check)**

A: 7/06 – 7/09 \_\_\_\_\_ B: 7/13 – 7/16 \_\_\_\_\_ C: 7/20 – 7/23 \_\_\_\_\_  
D: 7/27 – 7/30 \_\_\_\_\_ E: 8/03 – 8/06 \_\_\_\_\_ F: 8/10 – 8/13 \_\_\_\_\_  
G: 8/17 – 8/20 \_\_\_\_\_

**Have you attended the East Windsor Parks & Recreation Summer Day Camp in the past? \_\_\_\_\_ If yes, how many years have you attended? \_\_\_\_\_**

**Please answer the questions below as completely as you can. (Print neatly or type).**

1. What jobs have you held?

A. Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

B. Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_



**May 8, 2009**

Dear prospective Counselor-In-Training participant:

We are excited that you have made the decision to apply for one of our sought-after Counselor-In-Training positions for the upcoming 2009 Camp Season. The C.I.T. Program is essential to the Parks and Recreation Department, as we often find our best Summer Camp employees through this program. The ability for you to gain the real-life experiences and responsibilities this program offers can also help you in your schooling, and can assist you in obtaining other employment opportunities in the future.

Each C.I.T., once having registered for the program, will have to attend the mandatory training session in order to be fully qualified for the job. At these sessions, each C.I.T. will become First Aid certified, and will participate in many of the interactive training sessions that will aid in each participant's child-care and Camp program understandings. These sessions will give each C.I.T. valuable information regarding the Department's policies and the expected duties for the Summer Season. The C.I.T. Training date is **Thursday, June 11<sup>th</sup>** at 5 p.m. This training will be held at East Windsor Park.

**Please remember to indicate that you will be attending on the attached C.I.T. application, and return this application (with your registration form found in the 2009 Camp and C.I.T. Brochure) no later than Friday, June 5<sup>th</sup>.** We must strictly adhere to this deadline so we may be properly prepared for, and have enough materials for, all the participants who will be attending our Training Sessions.

Please fill out the attached application pages completely, leaving no information blank. The C.I.T. Program is highly competitive, and the more information you can provide us in your application, the more informed decision we can make on choosing the right path for you within the Department. Please feel free to contact the Parks and Recreation Office at (860) 627-6662 if you should have any questions or difficulties with the application. Thank you for your time, and we look forward to reviewing your application in greater detail.

Sincerely,

Melissa Green  
Director – East Windsor Parks and Recreation Department

Mg/pch

**COUNSELOR-IN-TRAINING REGISTRATION FORM**

Primary Guardian Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell \_\_\_\_\_

**First Child:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (d/m/y) \_\_\_\_\_

M/F: \_\_\_\_\_ School: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

Please check which weeks you are registering for: \_\_A \_\_B \_\_C \_\_D \_\_E

\_\_F \_\_G

T-Shirt Size: \_\_AS \_\_AM \_\_AL \_\_AXL \_\_#

Total Fees (Include T-Shirt/s) \_\_\_\_\_

**Second Child:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (d/m/y) \_\_\_\_\_

M/F: \_\_\_\_\_ School: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

Please check which weeks you are registering for: \_\_A \_\_B \_\_C \_\_D \_\_E

\_\_F \_\_G

T-Shirt Size: \_\_AS \_\_AM \_\_AL \_\_AXL \_\_#

Total Fees (Include T-Shirt/s) \_\_\_\_\_

**Third Child:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (d/m/y) \_\_\_\_\_

M/F: \_\_\_\_\_ School: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

Please check which weeks you are registering for: \_\_A \_\_B \_\_C \_\_D \_\_E

\_\_F \_\_G

T-Shirt Size: \_\_AS \_\_AM \_\_AL \_\_AXL \_\_#

Total Fees (Include T-Shirt/s) \_\_\_\_\_

**Total Fees:** \_\_\_\_\_

**Amt paid at Registration:** \_\_\_\_\_

**2 Easy Ways to Register:**

**Mail: 11 Rye Street,  
Broad Brook, CT. 06016**

**Walk-In: E W High School  
76 South Main Street,  
East Windsor, CT.**

**FOR OFFICE USE ONLY:**

**AMT PD:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RECD BY:** \_\_\_\_\_

**CASH** \_\_\_\_\_ **CK #** \_\_\_\_\_

Participation in this program may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby, for myself and my heirs, waive and release any and all claims of damage against the Town of East Windsor, its successors and assigns, employees, agents and representatives for any and all kinds of injury, including, but not limited to, personal injury and/or property damage suffered by my child, myself, or my ward while participating in this activity. In addition I give permission for the children to be treated by qualified medical personnel in the event that the above named guardian cannot be present.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

**PLEASE SIGN HERE:**