

COUNSELOR-IN-TRAINING (C.I.T.) APPLICATION

Dear Camp C.I.T Applicant:

Enclosed you will find an application for the Counselor in Training (C.I.T) and Junior counselor program at Explorer Club Summer Camp. The number of C.I.T.s & Junior Counselors accepted is based on camper enrollment. Completed applications should be returned to The Explorer Club, 4599 Carpenter Rd. Ypsilanti, MI. 48197 or via email: Play@theexplorerclub.org

Applicants must be prepared to commit to at least two weeks. For continuity and best results, we prefer C.I.T.'s to do consecutive weeks. C.I.T space is limited, to improve your chances of being accepted please submit your paperwork as soon as possible. Applications are due no later than Friday, May 27th, 2024. Late applications will be placed on a waiting list. All applicants will be notified by Friday, May 24th, 2024. Do not send in payment with the application. Selected C.I.T.'s are required to attend a training session prior to the start of the camp. The acceptance letter will have this information.

Once campers enter their teens they want a different experience, and the Counselor-in-Training program (CIT) provides teens with just that. The CIT program prepares kids ages 12+ years to become future leaders by developing self-esteem, peer relations, interpersonal skills, and leadership techniques.

CIT participants will receive training to prepare them to work with adults, peers, and children. Training includes Child Development, Group Dynamics, Curriculum Development, Conflict Resolution, and Child Abuse Prevention Training.

COUNSELOR-IN-TRAINING PROGRAM JOB RESPONSIBILITIES: Assist program staff with the planning, supervision, implementation, and execution of summer camp activities. Campers age range is 5 through 13. C.I.T.'s will have structured series of training workshops where they will have the opportunity to learn more about the different aspects of being a camp counselor and working with children. These workshops will be conducted by camp leaders, experienced group counselors and guest speakers.

DAYS & TIMES:

Monday thru Friday:

9:00 A.M. to 1:00 P.M., 12:30 to 4:30 or 9 to 4(with a one-hour lunch) C.I.T.'s & Junior Counselors may arrive earlier or stay later than their shift with parental permission, as long as their presence does not interfere with Camp or Child Care operations.

Session 1 (Monday, June 17 - Friday, June 28) Session 2 (Monday, July 01 - Friday, July 12)

Session 3 (Monday, July 15 - Friday, July 26)

Session 4 (Monday, July 29 - Friday, August 9)

Session 5 (Monday, August 12 - Wednesday, August 21)

Eligible Grades for C.I.T program are students entering 7th, 8th, 9th, & 10th grade for August 2024, Minimum age is 12 or has a 12th birthday coming within 6 weeks of deadline.

C.I.T Fee Schedule:

7th Grade \$159.00 per week.

8th Grade \$139.00 per week.

9th Grade Fee per Week: \$109.00

These costs are to cover admissions, trainings, and administrative fees.

Junior Counselor Fee Schedule:

10th, 11th, and 12th grade: Volunteer w/stipend

REQUIRMENTS:

1. Must love working with children and people.
2. Skills in sports, games, art, a hobby that you can share or teach.
3. Honest, coachable, and reliable.
4. Preference will be given to past C.I.T.s who have received positive evaluations and to former campers who exhibit the qualities necessary to be a C.I.T.

Complete the application form and drop it off, mail or email to:

Address:

The Explorer Club

Attn: Mr. Jay Smith & Ms. Kori Desano-Smith

4599 Carpenter Rd.

Ypsilanti, MI. 48197

Email: Play@theexplorerclub.org **Subject:** CIT Application

COUNSELOR-IN-TRAINING APPLICATION 2024

Name of applicant; _____,

Contact Email _____

Address _____

Phone Number _____ Date of Birth _____

School attended 23/24 _____ School Attending 24/25: _____

Grade as of Aug/Sept. 2024 _____,

Years you attended an Explorer Club Camp or After School Program _____

What Program(s) did you attend?

Requested Dates:

Applicants must enroll for a minimum of two weeks; the weeks can be from different sessions.

Session I ____, Session II ____, Session III ____, Session IV ____, Session V ____

Session 1 (Monday, June 17 - Friday, June 28)

Session 2 (Monday, July 01 - Friday, July 12)

Session 3 (Monday, July 15 - Friday, July 26)

Session 4 (Monday, July 29 - Friday, August 9)

Session 5 (Monday, August 12 - Wednesday, August 2)

- 1. Applicants must submit a one-page essay, explaining how they can help our summer camp.**
- 2. Applicants must also provide two letters of references. We ask that you list**

REFERENCES:

(School Staff, clergy, employers, youth organizations,)

1. Name _____

Email Address _____

Phone Number _____

Relationship _____

2. Name _____

Email Address _____

Phone Number _____

Relationship _____

3. Name _____

Email Address _____

Phone Number _____

Relationship _____

COUNSELOR-IN-TRAINING MEDICAL/EMERGENCY FORM *MUST BE SUBMITTED PRIOR TO SESSION*

Please Print

LAST NAME _____

FIRST NAME _____ M.I. _____

SEX: _____

DATE OF BIRTH _____

ADDRESS _____
Street Town Zip

MOTHER'S BUSINESS # _____

FATHER'S BUSINESS# _____ CELL

PHONE # _____ MOM CELL

PHONE #: _____ Fathers

Contact EMAIL _____

Secondary EMAIL _____

**PLEASE LIST THE INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD:
These individuals will also be used as Emergency Contacts**

Name _____

Phone # _____

Name _____

Phone # _____

Name _____

Phone # _____

HEALTH INSURANCE INFORMATION

CARRIER OR PLAN NAME _____

GROUP # _____

NAME OF INSURED _____

INSURANCE ID # _____

RELATIONSHIP TO PARTICIPANT _____ NOTE: All medication sent to camp MUST be labeled by pharmacy. We can supervise but not administer medication. **ALL MEDICATIONS ARE SELF ADMINISTERED BY THE CHILD.**

If I cannot be reached by phone, I give my permission to the CAMP Director or their appointed representatives to act in my behalf in seeking and providing medical treatment for my child during the CAMP season. This includes medical care and treatment by a first aid station or physician in a hospital.

Signature of Parent or Guardian: _____,

Keeps or has an EpiPen?

Date of last tetanus:

Insurance Company: Insurance ID:

Camper's Doctor: Name & Telephone:

Camper's Dentist: Name & Telephone:

TO BE COMPLETED BY A MEDICAL DOCTOR

IMMUNIZATION HISTORY

(Show dates of last immunization or booster)

IF CHILD BORN AFTER JANUARY 1, 1993 – MUST FILL IN DATES OF

HEPATITIS B: _____

MEASLES _____ MUMPS _____ HIB _____

RUBELLA _____ DPT _____

POLIO SALK/SABIN _____ MMR _____

VARICELLA (Chicken Pox) _____ Covid _____ TBC:
Date _____ Results _____

Is in good health, is not suffering from any illness and **MAY** _____ participate all of activities.

Child is suffering from an illness/injury and MAY NOT _____ **participate all of activities.** In a separate letter please list activities or situations your child should be prohibited from participating in.

DIETARY/PHYSICAL RESTRICTIONS:

Child has been prescribed medication, which can be self administered.

1. Name of medications: _____, _____

2. Dosage: _____, _____

3. Purpose of medications: _____, _____

NOTE: All medication sent to camp **MUST** be labeled by pharmacy and in original container.

CIRCLE SESSION: I, II, III, IV, V
MUST BE SUBMITTED PRIOR TO SESSION

LAST NAME: _____ FIRST NAME: _____

Nickname: _____

PLEASE TAKE THE NEXT FEW MINUTES TO ANSWER THE FOLLOWING QUESTIONS.

REMEMBER: YOUR CHILD'S SAFETY AND HEALTH IS IMPORTANT TO US. PLEASE BE HONEST IN YOUR RESPONSES, SO WE CAN DO EVERYTHING WITHIN OUR ABILITIES TO ENSURE THAT YOUR CHILD HAS A GREAT CAMP.

HAS YOUR CHILD *EVER HAD* OR *DO THEY NOW HAVE*: Please Circle: (1)

Asthma, wheezing, or inhaler use

(2) Epilepsy, fits, seizures, or convulsions

(3) Recurrent neck or back pain

(4) Rheumatic fever

(5) Dislocated joint, knee, hip, shoulder, elbow or ankle (6) Foot pain (7)

Periods of unconsciousness

(8) Frequent or severe headaches causing, Interruptions in school

(9) Wear contact lenses (10) Fainting spells or passing out (11) Head injury, skull

fracture, concussion

(12) Seen a psychiatrist, psychologist, counselor or social worker (13) Skin

disorders such as: Eczema, Psoriasis, Atopic Dermatitis (14) Irregular, rapid or

slow heartbeat

(15) Thyroid condition or taking medication for thyroid

(16) Limitation movement or motion of joint, wrist, knee, hip, shoulder

(17) Heart murmur, heart abnormality or problems

(18) Heart surgery

(19) High blood pressure (20) Hepatitis (liver infection)

Please Circle any that apply to your child.

(21) Any eye injury or surgery (other than corrective)

(22) **Allergies:**

Common foods (milk, peanuts, eggs, meat, fish, etc.), wool or fabrics, Wasp, bee or

any insect stings, Penicillin, Poison ivy Drugs (prescription or medication) not listed

above: _____ (23)

Broken bones requiring surgery to repair

(24) Perforated ear drum or tubes in ear drums

(25) Anemia (iron deficiency)

(26) Pain or swelling at the site of an old fracture

(27) Loss of appendage, limb or part thereof

(28) Attention Deficit Disorder

(29) Diseases: Chicken pox, German measles, Mumps, Tuberculosis Measles

Other: please specify _____

(30) If the answer to any of the above is "Yes" please reference the question number then, Describe or explain in a separate letter with dates:

LIABILITY RELEASE WAIVER AND AUTHORIZATION FORM

The above-named participant or minor child (hereafter "participant") has permission to participate in the activities of Explorer Club Camp. (Hereafter "ECC"). This permission slip is valid for one year unless it is revoked earlier in writing by the parent/guardian. I understand and accept that the activities of ECC involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the ECC, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to indemnify and hold ECC, officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named, child's participation in ECC activities. ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF It's a Small World Daycare OR IT'S OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

_____ (initial here) ***A parent or guardian must initial here.***

(Minor child participant only): In the event, I cannot be reached in an emergency requiring medical attention for the above named, child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed in a separate letter.

_____ (initial here) ***A parent or guardian must initial here.***

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in this section. My responses are complete and accurate to the best of my knowledge, and I agree to abide and be bound by this document.

Date: _____

PHOTO RELEASE: Occasionally, photographs or video will be taken of children participating in this program. These photographs or videos may be selected for use in town and/or organizational publications including its website. However, we will not identify your child by name or release any other personal information. Please check one:

I GIVE my permission ___ or I DO NOT GIVE my permission for participant to be photographed_____.

Signature of Parent or Guardian: _____

Date: _____

Application Completed:

Date: _____

PRINT NAME: _____,

SIGN: _____

Parent/Guardian:

Date _____

PRINT NAME: _____,

SIGN _____

