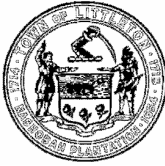




Counselor-In-Training Application Packet

2010





Town of Littleton
Department of Parks, Recreation & Community Education
33 Shattuck Street PO Box 934
Littleton, MA 01460

January 2010

Dear Prospective Counselor-In-Training (CIT) Participant,

We are excited that you have made the decision to apply for one of our *Counselor-In-Training* (CIT) positions for the upcoming 2010 Season. The CIT Program is an important part of Camp Tahattawan, and our intention is to choose qualified and motivated candidates from the applicant pool. The ability for you to gain from the real-life experience and practical applications that this program offers can also help you in your schooling and assist you in obtaining other employment opportunities in the future—maybe even as a counselor for our Department!

Because the program is essentially training staff, we only offer fifteen slots per week for the Camp Tahattawan Program. We expect that the program will again be quite popular; therefore we encourage you to look at all the requirements and thoughtfully fill out CIT Information Packet in its entirety. In addition to the information packet, you will also be required to complete an oral interview before you are accepted into the program. Once accepted, you will be required to attend, and successfully complete, a training session which includes first aid certification and other team-building exercises in order to be fully qualified and eligible to participate. During the training, you will become familiar with Camp Tahattawan management and program specifics, as well as child-play guidelines and camper games. In addition to camp specifics, this session will also give you valuable information on the Department's policies, and your expected duties for a successful summer season at Camp Tahattawan.

You will be given specific information about training dates, uniforms and scheduling at the time of the oral interview. **We are requiring that the CIT Information Packet—in its entirety, be submitted by March 12, 2010 in order to be considered eligible for the Program.** The Complete CIT Packet is available online at www.littletonrec.com where the forms can be downloaded, or you may get one at the office during our normal business hours. **If your packet is not complete, it cannot be accepted.** Applications received after this date will be reviewed and considered last, and you may not have an opportunity to be a CIT.

We expect that the CIT program will be highly competitive and sought-after, and the more information you can provide us in your information packet, the more informed decision we can make in choosing the right path for you in the CIT Program. Please feel free to contact the Parks, Recreation and Community Education Office at (978) 540-2490 if you should have any questions or difficulties with the application.

Sincerely,

Kate Hodges

Kate Hodges, Director
 Parks, Recreation & Community Education

A Complete Application Packet Would Include: (1) Registration Form, (2) Application Questionnaire, (3) Reference Page, (4) Copy of latest Medical “Well-Visit” and Immunization Record—within one year, (5) C.I.T. Handbook Acknowledgement (located on last page of handbook, tear off and include with app.)

PERSONAL INFORMATION:

NAME: _____ DATE OF BIRTH: ___/___/___

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ CELL/OTHER PHONE: _____

GRADE IN FALL 2010: _____ SCHOOL: _____

HOUSEHOLD MAIN EMAIL ADDRESS _____@_____

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PROGRAM INFORMATION:

WHAT WEEKS ARE YOU APPLYING FOR? (Circle all that apply):

WEEK A: 6/28-7/2 WEEK E: 7/26-7/30

WEEK B: 7/5-7/9 WEEK F: 8/2-8/6

WEEK C: 7/12-7/16 WEEK G: 8/9-8/13

WEEK D: 7/19-7-23

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APPLICATION QUESTIONNAIRE: (To be answered by the applicant.)

1. HOW DID YOU LEARN ABOUT THE C.I.T. PROGRAM?

2. WHY WOULD YOU LIKE TO PARTICIPATE IN THE C.I.T. PROGRAM?

3. **WHAT QUALITIES WOULD MAKE YOU A GOOD CANDIDATE TO BE A C.I.T.?**

4. **LIST THREE ADJECTIVES THAT BEST DESCRIBE YOU:**

a. _____

b. _____

c. _____

5. **HOW WOULD YOUR FRIENDS DESCRIBE YOU?**

6. **NAME THREE OF YOUR FAVORITE HOBBIES:**

a. _____

b. _____

c. _____

7. **DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS? IF SO, WHAT?**

8. **WHAT ARE YOUR PET PEEVES?**

9. **WHAT IS YOUR IDEA OF A PERFECT CAMP COUNSELOR?**

10. WHAT IS YOUR FAVORITE BOOK? MOVIE? TV SHOW?

11. WHO IS YOUR HERO AND WHY?

12. WHAT IS YOUR FAVORITE SPORT?

13. DO YOU HAVE ANY EXPERIENCE WORKING WITH CHILDREN? IF SO, DESCRIBE THE CIRCUMSTANCES AND HOW YOU DID?

14. HAVE YOU EVER DONE VOLUNTEER WORK? IF SO, WHAT AND WHEN?

15. WHAT WOULD YOU DO FOR TEN MILLION DOLLARS?

16. WHAT WOULD YOU NOT DO FOR TEN MILLION DOLLARS?

17. WHAT ATTRIBUTES AND SKILLS WOULD YOU BRING TO CAMP TAHATTAWAN THAT WOULD MAKE IT BETTER?

18. HAVE YOU EVER ATTENDED CAMP TAHATTAWAN AS A CAMPER? IF SO, WHEN AND FOR HOW MANY WEEKS?

19. WHAT IS YOUR #1 MOTIVATION FOR WANTING TO BECOME A C.I.T.?

20. IS THERE ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOU WHEN WE ARE MAKING THE DECISION IF YOU COULD BECOME A COUNSELOR-IN-TRAINING FOR THIS SUMMER? (Use this space to tell us anything more about yourself and let us get to know you more as a person and a candidate.)

EMERGENCY INFORMATION:

ALLERGIES: _____

SWIMMING ABILITY? POOR FAIR GOOD GREAT

SPECIAL DIET INFORMATION? _____

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INTERVIEW INFORMATION:

WHAT DAY OF THE WEEK ARE YOU AVAILABLE FOR AN INTERVIEW?

(Circle One)

MONDAY THURSDAY
TUESDAY FRIDAY
WEDNESDAY SATURDAY

WHAT TIME OF DAY IS GOOD FOR AN INTERVIEW?

(Circle One)

MORNING AFTERNOON EVENING

For Office Use Only:

Date Received: ____/____/____ *Received By:* _____

Date Reviewed: ____/____/____ *Reviewed By:* _____

Interview Scheduled? YES NO *Interview Date:* ____/____/____
Interview Time: ____/____/____

Interview Confirmed? ____/____/____ *Confirmed By:* _____

Interview Comments:

REFERENCES PAGE

PLEASE PROVIDE US WITH THE NAMES AND INFORMATION FOR THREE (3) REFERENCES (NOT RELATED OR LIVING WITH YOU) THAT WE MAY CONTACT ON YOUR BEHALF:

1. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON? _____

2. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON? _____

3. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON? _____
