



Summer Camp Counselor-in-Training Overview and Application

Counselor-in-Training Description:

Counselors-in-Training (CITs) assist the camp counselors in providing a safe and fun camp experience at the Great Swamp Conservancy. They will help lead environmental education activities, games, crafts, songs, stories, hikes, and more. In addition to supervising campers during the camp activities listed above, our CITs will also assist with camp preparation, check-in and check-out, and will serve as a positive role model for children in camp. This is an educational position that will involve being paired with counselors in each session.

CITs will send their applications to the GSC, who will review them. The CIT Coordinator is the direct supervisor of the CITs and they should report all concerns to the Coordinator. CITs will remain under the supervision of the camp counselors for most of the camp day, but will have a dedicated weekly meeting with the camp staff, Camp Director, and CIT Coordinator to discuss topics such as: environmental education, leadership strategies, emergency protocols, child development and psychology, camp games and crafts, current conservation issues, and more.

Eligibility:

Must be at least 15 years old by August 1st, 2024.

Must be enthusiastic about camp, enjoy working with children, animals, and the natural environment!

Must have completed application including two personal references.

Successful applicants will have a desire to work with children.

Demonstrates maturity, energy, enthusiasm, communication skills and an interest in the environment.

Application Process:

In addition to submitting the application to the GSC, each applicant will schedule an interview. Applications must be completed by June 3rd, 2024 (of course we welcome applications earlier in the season!). Interviews must be completed by June 28th. The CIT Coordinator will notify applicants of their acceptance and schedules by July 1st.

CIT training will occur on July 31st 9-10:30AM to cover safety rules and get to know the staff.

Counselor-in-Training Program Application 2024

Send to Brianne Wilcox, through email or postal mail by June 3rd

8375 N. Main St. Canastota NY 13032

greatswampconservancy@gmail.com

Please print clearly below:

Name: _____ Date: _____

Date of Birth: ____/____/____ Age as of Aug. 1st, 2024: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian 1 Name: _____ Cell: _____

Parent/Guardian 2 Name: _____ Cell: _____

Parent/Guardian Email(s): _____

Have you ever attended any program at the GSC? Yes ___No___

If so, what do you remember most about your experience?

Short Answers: Please write a few sentences answering the questions below, and attach it to your application.

1. What experience do you have working with children?
2. If a camper didn't want to participate in an activity, what would you do?
3. If you overheard a camper say something mean to another camper on a hike, what would you do?
4. Why do you want to be a CIT at the Great Swamp Conservancy?
5. What are some of your passions, interests, or hobbies?

Circle all of the weeks that you are available:

Week 1	Week 2
August 6 th –9 th	August 13 th – 16 th

Please provide two personal references (teachers, coaches, etc.) who are not related to you.

Name: _____

Relationship: _____

Phone number: _____ Email: _____

Name: _____

Relationship: _____

Phone number: _____ Email: _____

I understand that this application and/or the granting of an interview does not represent a contract or promise of acceptance into the CIT program at Great Swamp Conservancy Nature Center. I understand and agree that if selected, my training will be at-will and may be terminated by the GSC staff.

_____/_____/_____
Signature of Applicant Date

_____/_____/_____
Signature of Parent/Guardian Date

Parents/Guardians must complete and sign the two sections below:

Medical Information

I am the parent or legal guardian of this participant, and hereby grant permission for him/her to participate fully in Great Swamp Conservancy's CIT Program.

Parent/guardian signature: _____

Emergency Contact: _____

Phone: _____ Cell: _____

May be picked up by: _____

N.B. all campers and CITs under 18 will have to be signed out by an adult. List any names of who can pick up your CIT above. If you need to add a name later, please contact GSC.

Dietary restrictions, special considerations, or medical concerns:

Has your child ever been stung by a bee? ____ Yes ____ No

Liability Release Authorization:

In consideration for being accepted by Great Swamp Conservancy Inc. to participate in the CIT Program, we (I) [and on behalf of our (my) child-participant] heirs, successors, and assigns, do hereby release, forever discharge and agree to release, defend, indemnify and hold harmless Great Swamp Conservancy, Inc., its officers, agent, volunteers and interns from and against any claims, demands, liability, damages, lawsuits or other actions, thereof from any and all liability, for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in CIT Program.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the CIT Program at Great Swamp Conservancy’s Summer Camp, including games and activities involved therein. I authorize the staff of Great Swamp Conservancy, Inc. to act for me according to their best judgment in any emergency requiring medical attention. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I also authorize Great Swamp Conservancy Inc. to use photographs, and/or video of the CIT named on this registration, which may be needed for promotional purposes and development, printed and on GSC’s website. ___ Yes ___ No

Parent/Guardian name (printed):

Parent/Guardian signature:

Date: ____/____/____