



Peabody Recreation Department  
50 Farm Ave. Peabody, MA 01960  
(978)536-7130 [Peabodyrecreation@gmail.com](mailto:Peabodyrecreation@gmail.com)  
[www.peabodyrecreation.com](http://www.peabodyrecreation.com)

## **Counselor-in-Training (C.I.T.) Program – Summer 2018**

Dear CIT Applicant:

Congratulations! You are taking the first step to be part of the Peabody Recreation Counselor in Training (C.I.T.) program. This program has become a very popular and will likely continue to be for years to come. The C.I.T. program is the primary feeder program to our counseling program and although there is no guarantee that a C.I.T. will become a counselor, many of our counselors this summer had been C.I.T.s in past years.

### **Qualifications:**

- Present themselves as role models to staff and campers and exemplify the values of the Peabody Recreation
- Be willing to participate fully in all aspects of the programs and activities and maintain a positive attitude
- Work cooperatively with the staff to provide the best possible environment for you, your fellow C.I.T.s and campers.

### **Age requirements:**

The CIT program is for teens ages 14 through 16. All applicants must be 14 years old but June 25<sup>th</sup>, 2018.

### **Training:**

There will be a mandatory training day with the goal of providing CITs the tools needed to work with campers. Training date is tentatively scheduled for Friday, June 29<sup>th</sup>. Details will be included with the acceptance letter. In addition, all CITs will have the opportunity to become First Aid certified.

### **Community Service:**

The CIT program qualifies for community service hours. Please contact us when it is required.

### **Field Trips:**

As part of their role, all CITs will be expected to behave professionally and assist staff members on all program field trips. However, as part of the CIT Program, all participants will have the opportunity to attend a CIT only field trip during their session. Details about these field trips will be included with the acceptance letter.

Please make sure and review and complete the Application Packet carefully and thoroughly. All applicants are required to submit; an Application, Availability Form, Emergency Release Form, and Handwritten Essay. New applicants must also submit a reference form.

**The application and essay are to be completed by you, not a parent.**

NOTE: Even though anyone who was an CIT last year has already filled out several of the components above, we are asking you to complete the process again, expecting that you will have a different perspective now that you have completed that program

**All Application Packets must be submitted no later than Friday May 18<sup>th</sup>.**

Please keep in mind that submission of an application does not indicate acceptance into the C.I.T. program. This is an application form and should not be confused with a registration form. The registration form is only required upon acceptance to the C.I.T. program. No payment will be taken until the formal acceptance of the applicant into the C.I.T. program.

If you have any questions, please do not hesitate to contact me directly 978-536-7131 or [ann.gray@peabody-ma.gov](mailto:ann.gray@peabody-ma.gov).

Best regards,

**Ann Gray**  
Recreation Program Supervisor

## C.I.T. AVAILABILITY FORM SUMMER 2017

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

### **Placement opportunities:**

- **Playground Program:** Jubilee Park (West School), McCarthy Park (McCarthy School) or Forest St. Park (Center School). Program hours: 8:30am-2:45pm Monday-Friday Working with ages 6-14.
- **SNAP Kids (Special Needs Playground Program):** Located at the Burke School playground Program Hours: 8:45am-2:00pm Monday-Friday. Working with ages 6-12.

**Check all sessions that you are available and interested in.** *Keep in mind that space is very limited. The more you check off the better your chances are of getting accepted into the program.*

- Forrest St. Park (Center School)
- Jubilee Park (West School)
- McCarthy Park (McCarthy School)
- SNAP Kids (Burke School)

If checking more than one location, please indicate order of preference \_\_\_\_\_

### **Sessions (2 weeks each):**

All CITs will be scheduled for one, 2-week session. Please note that splitting sessions in not allowed. All participants will receive notification of their placements no later than June 9<sup>th</sup>.

**Check all sessions that you are available and interested in.** *Keep in mind that space is very limited. The more you check off the better your chances are of getting accepted into the program.*

- Session A. CANCELLED**
- Session B.** July 9- July 20
- Session C.** July 23 - August 3
- Session D.** August 6 – August 17

If checking more than one session, please indicate order of preference \_\_\_\_\_

*Keep in mind that space is very limited. The more you check off the better your chances are of getting accepted into the program.*

### **Cost:**

\$125.00 per session and includes one C.I.T. field trip.

**Participant T-shirt Size:** Youth M \_\_\_ Youth L \_\_\_ Adult S \_\_\_ Adult M \_\_\_ Adult L \_\_\_ Adult XL \_\_\_

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### **C.I.T. APPLICATION 2018**

Name: \_\_\_\_\_ Birthday: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

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

Address: \_\_\_\_\_ City & State: \_\_\_\_\_

Participants Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

School and grade entering in the fall, 2018 \_\_\_\_\_

List any experience you have had with children (club work, scouts, tutoring, playground work, babysitting, teaching Sunday school, helping at nursery or elementary schools, etc.)

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Have you ever participated in the Peabody Recreation Playground Program?  Yes  No

If yes, which ones? \_\_\_\_\_

If you have attended the Peabody Playground Program in the past, (or another summer program or camp) please tell us what you liked best and worst about your experience. If you have not attended camp in the past, please tell us what you like best and worst about school: \_\_\_\_\_

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Have you ever participated in the Peabody Recreation C.I.T. Program?  Yes  No

If yes, which ones? \_\_\_\_\_

Write about a positive experience you had in the C.I.T. Program \_\_\_\_\_

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Write about a negative experience you had in the C.I.T. Program \_\_\_\_\_

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Have you ever worked with children with special needs?  Yes  No

If yes, in what capacity? \_\_\_\_\_

List any hobbies or extra-curricular activities in which you participate or have participated:

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Please list some positive qualities you feel you possess and explain how you think they will affect your participation in this program:

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ALL APPLICATIONS MUST BE SUBMITTED NO LATER THAN FRIDAY MAY 18<sup>TH</sup>

## EMERGENCY RELEASE FORM

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Would you like to be on our email list?  Yes  No

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please provide two emergency numbers for us to contact in the event of an accident or illness.

1. Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### MEDICAL/BEHAVIOR INFORMATION

Please describe any allergies (particularly bee stings & nuts), medical conditions, prescribed medications, or behavioral problems we should be aware of. These will be kept in the strictest of confidence. Medications cannot be distributed during activities. Please plan accordingly.

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**\*\* PLEASE READ AND SIGN THE FOLLOWING SECTION TO PARTICIPATE IN ALL ACTIVITIES\*\***

I give my permission for my child to take part in all activities and field trips related to the Peabody Recreation, Parks & Forestry Department. I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical or Dental Examination, treatments, etc. In addition, I hereby release the City of Peabody, its facilities or employees from any and all claims for personal injuries, which may result from the usual involvement of these activities. I agree that pictures taken during the program hours may be used for future promotional purposes.

X \_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



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## C.I.T. REFERENCE FORM (New Applicants only)

(Applicant's Name) \_\_\_\_\_ has applied to be a Counselor –in-  
Training through the Peabody Recreation Department. The department asks that each CIT help provide a safe and fun environment  
for each camper. Please share your comments on the prospective applicant. All information will be kept confidential

What is your relationship to the applicant? \_\_\_\_\_

Has the applicant expressed an interest in working with children?  Yes  No

List four (4) qualities of the applicant that you believe would make him/her a good addition to the staff and a positive role model.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please Rate the Applicant in the following areas:**

	YES	USUALLY	NO	NOT SURE
Accepts Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proud of Accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creates Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional comments /information:**

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If further information is needed, may we contact you?  Yes  No

Phone: \_\_\_\_\_ When is a good time to call? \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please return completed reference form no later than May 18<sup>th</sup> to Ann Gray, Recreation Program Supervisor, 50 Farm Ave. Peabody, MA 01960. You can also email this form to [ann.gray@peabody-ma.gov](mailto:ann.gray@peabody-ma.gov).

*Thank you for your time.*

## **C.I.T. CHECKLIST**

Applications are not considered complete until all required forms have been submitted to the Peabody Recreation Department.

- I have completed the list below.
  - Application
  - Availability Form
  - Emergency Release Form
  - Hand Written Essay
  - Reference Form (New applicants only)
  - I have included a copy of my birth certificate
  
- I understand that my CIT placement will not be established without all the requested paperwork submitted.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date