

MADNESS CAMPS C.I.T. APPLICATION

Community Services
 700 Alma St., Menlo Park, CA 94025
 tel 650-330-2200
 fax 650-324-1721



| Applicant information | | | |
|---|---------------------------|------------|------|
| Name: | Age: | Date: | |
| Phone: | Email: | | |
| Address: | City: | State: | Zip: |
| School attending: | Grade in fall: | | |
| Program information | | | |
| <p>Your completed application for the Counselor in training (CIT) program will be reviewed; but its completion does not imply that you will be accepted into the program. When we receive this application, one of our staff members will contact you to set up an interview. Upon completion of the interview, the applicant will know their admission status. Admission to the Madness Summer Program carries many privileges and responsibilities and we expect CIT's to participate in all camp activities. CIT's must be at least 13 by the beginning of the session.</p> <p>Completion of this application signifies understanding and acceptance of camp policies and procedures. In addition, should a behavior or discipline problem affect our work with other CIT's or campers, or their enjoyment of the Summer Camp, we reserve the right to dismiss those CIT's responsible without a refund. Please read all questions answer carefully and call (650) 330-2248 if you have any questions.</p> | | | |
| Parent/guardian information | | | |
| Parent/guardian's name: | | | |
| Address: | City: | State: | Zip: |
| Primary contact number: | Secondary contact number: | | |
| Email: | | | |
| <p>I, the undersigned parent, guardian, or participant do hereby agree to allow the individual(s) name herein to participate in the aforementioned activity (ties) and I further agree to indemnify the Community Services Department, the City, its employees and officers harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or in any way connected with the participation in this activity. I further agree to permit the use of event/activity photography and/or video media production, which may include images of myself or individuals above.</p> | | | |
| Signature _____ | | Date _____ | |
| Session (please check availability) | | | |
| Type: <input type="checkbox"/> Session 1: (6/18/2018-7/13/2018) \$250 <input type="checkbox"/> Session 2: (7/16/2018-8/10-2018) \$250 | | | |
| Applicant questionnaire | | | |
| <p>The following information will be used as part of admission into the Counselor-in-Training program. Take your time filling out the application; fully answer all questions to the best of your ability. If there is a question you cannot answer because you are confused or have no experience in the related field, that is okay, the CIT program is designed to help give you the experience. This application is an exercise to allow us to get to know you better and to give you an employment experience similar to positions you may seek in the future. If you do not know how to answer a question or have a question, please ask a trusted adult or call (650) 330-2248.</p> | | | |
| Have you ever worked with children? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

If yes, explain the environment you were in while working with children (i.e. child care, camp, church, babysitting, etc.):

Describe activities you have assisted in leading or have lead on your own:

Why do you want to work at the Madness Summer Camp program?

Why do you feel you would be a good Counselor in Training?

What are three challenges you think may occur when working with children?

Describe any volunteer work, other experiences, interests, or trainings that are relevant to your ability to perform the job duties of a Counselor in Training?

Please list two personal references

Name:

Phone number:

Email:

Relationship:

How long have you known this person?

Name:

Phone number:

Email:

Relationship:

How long have you known this person?