

**Salmon Brook Park Day Camp
Counselor-in-Training Program
2025**

The Counselor-in-Training Program (CIT) is a pre-counselor training program for youth aged 15, which focuses upon gaining the skills necessary to become a camp counselor.

Why Be a Counselor-in-Training?

- Gain a behind-the-scenes experience of the camp community.
- Establish job and character references.
- Personal growth and expanded self-esteem through leadership opportunities.
- Ability to work with children and adults in a camp community.

Eligibility:

- Must be aged 15 during the summer of 2025 by June 23, 2025.
- Must be energetic, motivated and willing to work with young children.
- Must have completed form/application.
- Must be committed to at least 4 weeks of Day Camp.

Application Procedure:

This packet contains all necessary information. It is available online at www.granbyrec.com

There is an application process for this program to ensure the CITs have the desire to participate fully and be a positive role model during this program. In addition to the Application, a brief interview will be scheduled for each applicant.

- To be eligible for the program, interested participants must complete the application, references, waiver forms and return them to the Granby Rec Dept. by **May 1st, 2025. Applications submitted after May 1st will not be considered. There are three fee options to choose from**
 - 1) CIT participates in all 7 weeks for \$295 or
 - 2) CIT participates for 4 weeks for \$195.
 - 3) CIT participates for 3 weeks for \$175.
- Position is not guaranteed until confirmed by the Recreation Director. The Granby Recreation Department reserves the right to reject an applicant for any reason or limit the number of applicants accepted into the program based on the Salmon Brook Park Day Camp's needs.

Responsibilities:

- Campers Come First!!! Set a good example by being a positive role model.
- Assist Camp Teachers with daily activities, such as, crafts, games, hikes, experiments.
- Associate with campers **NOT** other CITs.
- Be punctual, attend and be an active part of all camp programming, participants must be able to attend **100%** of the sessions enrolled in.
- Abide by all rules, policies and procedures.
- Treat all campers equally, there should be no favorites
- Be cooperative with the camp counselors, your peers, and the campers.
- Be enthusiastic and have a positive attitude.

**SALMON BROOK PARK DAY CAMP
Counselor-in-Training Application 2025**

Name: _____
Last First Middle Initial

Camp Experience:

Have you ever been a camper at Salmon Brook Park Day Camp? Yes No

Have you attended other camps as a camper? Yes No

Camp Name: _____ Number of years: _____

Camp Name: _____ Number of years: _____

Have you ever been a Junior Counselor (JC) or Counselor in Training (CIT) before? Yes No

Camp Name: _____ Number of years: _____

Position: _____ Duties: _____

Please Check the box of the session you will be attending

Session 1

June 23rd - 27th
June 30th - July 2nd
July 7th - 11th

Session 2

July 14th - 18th
July 21st - 25th
July 28th - August 1st
August 4th - 8th

Session 3

June 23rd - 27th
June 30th - July 2nd
July 7th - 11th
July 14th - 18th
July 21st - 25th
July 28th - August 1st
August 4th - 8th

You must attend three, four or seven consecutive weeks of day camp. Please check the box of the session that you will be attending.

Please circle your t-shirt size: AS AM AL AXL

Please answer the following questions with a **minimum of three sentences**: (use back of page if needed)

1. Why do you want to be a Counselor in Training (CIT) at Salmon Brook Park Day Camp?
2. What personal qualities do you believe a CIT should have and why?

TOWN OF GRANBY
Applicant Information and Release of Liability

Disclosure:

The Town of Granby's Counselor-in-Training (CIT) program at Salmon Brook Camp involves a variety of activities and challenges that include, by not limited to: games, initiatives, hiking, canoeing, use of the Salmon Brook Park Pond and facilities and off site travel, which is provided by contracted bus companies. There is risk involved in all activities associated with participants and the participant of the program assumes the risk. It is the policy that all participants have health insurance coverage. Information on this coverage must be made known to the instructors of the program prior to the onset of all activities. All information will be kept confidential.

Applicant Information:

1. Name: _____
2. Full Address: _____
3. Email Address: _____
4. Daytime Phone Number: _____
5. Evening Phone Number: _____
6. Emergency Phone Number: _____
7. Date of Birth: _____
8. Name of Insurance Company: _____

Participant Agreement

I the Parent/Guardian _____, approve this registration and certify that the CIT is capable of participating in all activities of Salmon Brook Park Day Camp. The Granby Recreation Dept is not responsible for lost, stolen or damaged personal articles. I also authorize the Granby Recreation Department to use photographs, slides, and videotapes of the CIT named on this registration, which may be needed for promotional purposes and website development.

Parent/Guardian Signature (Required)

Release of Liability:

I understand that the Counselor-in-Training (CIT) Program at Salmon Brook Park Day Camp and that the activities associated with being a CIT may be both physically and mentally demanding. I affirm that I am in good health and that I am not under any professional care for any condition that will limit my ability to safely participate with the guidelines. I recognize the inherent risk of injury that could result during activities, and off site travel. I release the Town of Granby, Town Staff, Salmon Brook Park Staff, Volunteers, and Campers of liability for any injury that may occur to me during my participation in the CIT program.

Applicants Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

SALMON BROOK PARK DAY CAMP

HEALTH RECORD

General Information:

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Grade In Fall: _____ Sex: _____

Home Phone: _____ Work Phone (Parent/Guardian): _____

Parent/Guardian Name(s): _____ Cell Phone (Parent/Guardian): _____

In the case of an emergency, please notify:

1.) Name: _____ Phone Number(s): _____

2.) Name: _____ Phone Number(s): _____

3.) Name: _____ Phone Number(s): _____

Family Physician: _____ Phone Number(s): _____

It is important for Salmon Brook Park Staff to be fully aware of allergies, chronic or recurring illnesses, or physical limitations of your child, as well as any medications your child is taking.

Please list and briefly explain the following:

Chronic or serious illness: _____

Allergies: _____

Current Medications: _____

Prior Injuries: _____

Has your child ever had a bee sting? NO YES (If yes), Reaction: _____

If Salmon Brook Park staff determines that a medical emergency exists, our policy is to call 911 and then we will call the three emergency contacts. If the first emergency contact cannot be reached, the second will be tried, and then the third.

To the best of my knowledge, my child _____ is in good physical health and is able to fully participate in all Salmon Brook Park Day Camp activities. I understand and give my consent to the medical procedures as described above.

Parent/Guardian Print: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**SALMON BROOK DAY CAMP
Counselor-in-Training Reference Form 2025**

Applicants

Full Name: _____
Last
First
Middle Initial

Instructions:

Applicant: Please fill in your name above, and give a copy of this form to **two (2) references.**
Please do not use family members or family friends. (Use of family members of family friends will void the reference.)

Applicant's Reference: The individual above is volunteering for a position with the Salmon Brook Park Day Camp. As part of the camp community, it is important that each individual demonstrates a mature attitude toward leadership and a responsible concern for the safety and well being of the campers. Please rate this person accurately and as honestly as possible. Your responses will be kept confidential. Return both pages of this form to: Granby Recreation Dept., 15 North Granby Road. Granby CT, 06035 Attn. Counselor in Training Program, by May 1st, 2025. The form may be returned by fax to 860-653-0173.

Thank You!

Personal Reference

Please rate individual on the items below:	Excel- lent	Very Good	Good	Fair	Poor	No Info
Leadership: Easily takes on the role of a leader and motivates others.						
Responsibility: Makes decisions that reflect good judgment.						
Dependability: Completes work with minimal supervision						
Integrity: Displays convictions to a positive set of values.						
Cooperative: Shows willingness to work as a team member.						
Maturity: Exhibits a positive attitude when dealing with relationships.						

SALMON BROOK PARK DAY CAMP
Counselor-in-Training Reference Form 2025

Applicants

Full Name: _____
 Last First Middle Initial

Comments:

Please comment on the applicant’s readiness to work as a Counselor-in-Training as part of the camp community of Salmon Brook Park Day Camp.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Your Name: _____ Title: _____

Organization: _____ Phone Number _____

Address: _____

Signature: _____ Date: _____

Thank you for your time and cooperation!