Counselor In Training (C.I.T.)
Leadership Program

Applications will not be reviewed until after the deadline on May 1, 2020

1.) The C.I.T. program is offered in conjunction with Fayetteville-Cumberland Parks and Recreation Summer Programs. The C.I.T. program assists youth in acquiring basic work skills, life skills, job training and a reference base. To be considered for a C.I.T. position you must be between the ages of 13 and 17*.

2.) All volunteer applications must be accompanied by a one page personal statement, student information sheet and 2 (two) letters of recommendation. One letter must be from a teacher or principal. If you are a returning C.I.T. one letter must be from a Recreation staff member who has previously supervised you.

Completed applications may be mailed OR hand delivered to:
Fayetteville-Cumberland Parks and Recreation Department
Attn: Crystal Glover
121 Lamon Street
Fayetteville, NC 28301

Late applications will not be accepted

3.) Each applicant (both new and returning) will be required to interview with Recreation Program Staff. Interviews will be scheduled in the evenings on May 6 & 7

4.) Candidates with incomplete applications will not be considered for an interview.

5.) Upon completion of orientation, C.I.T.’s will be assigned to a site for a minimum of one session. We will make every effort to honor request for sites and sessions but they are not guaranteed. C.I.T. assignments will be distributed at the conclusion of the Orientation & Training.

6.) Completing the application process does not guarantee a position as a C.I.T. This is a competitive program and FCPRT is seeking mature young adults to assist us with our day camps.

7.) Once assigned to an initial camp session, C.I.T.’s  may be assigned additional sessions at the same location. If there is a C.I.T. opening in a session of summer programs it will be the discretion of the site director and Recreation Program Staff to grant permission for a C.I.T. to continue on for the next session.

Questions or concerns? Please contact Crystal Glover, FCPRT’s Youth Development Coordinator @ 910-433-1021 or via email @ eglover@ci.fay.nc.us
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Student Information Sheet

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male or Female</td>
<td>Circle T-Shirt Size</td>
</tr>
<tr>
<td>Student Telephone #:</td>
<td>Student Email:</td>
</tr>
<tr>
<td>Parent Telephone #:</td>
<td>Parent Email:</td>
</tr>
</tbody>
</table>

Grade and School attending 2019-2020:

Please list any activities, hobbies, volunteering, or other relevant experience you have working with children.

Character references: Please list three people who know you personally and can evaluate your skills and suitability for this position, such as a teacher, guidance counselor, or coach. No relatives please.

<table>
<thead>
<tr>
<th>Name</th>
<th>Daytime Phone #</th>
<th>Relationship</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

Please describe why you decided to become a C.I.T?
Candidate Name: ____________________________

Candidates selected from the interview process and accepted into the 2020 C.I.T. Program will be required to attend one of two mandatory Orientation and Training sessions. Orientation and Training is mandatory for all candidates selected. Applicants will not be able to begin the C.I.T. program without attending. Orientation and Training (for both new and returning C.I.T.’s) will be offered on May 16th from 9:30am-1:00pm and on June 30th from 6:00-8:30pm. All C.I.T.’s selected must attend one of the two training sessions offered before they can start the program.

Please check the Session that you would like to participate in.

<table>
<thead>
<tr>
<th>Session 1</th>
<th>Session 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 26-29</td>
<td>July 6-10</td>
</tr>
<tr>
<td>June 1-5</td>
<td>July 13-17</td>
</tr>
<tr>
<td>June 8-12</td>
<td>July 20-24</td>
</tr>
<tr>
<td>June 15-19</td>
<td>July 27-31</td>
</tr>
<tr>
<td>June 22-26</td>
<td>Aug 3-7</td>
</tr>
<tr>
<td>June 29-July 2</td>
<td>Aug. 10-14</td>
</tr>
</tbody>
</table>

Assignments will be made to the following Recreation Center locations:
C.I.T.’s that attended FCPR camps last year and/or have a sibling at camp this year will **not** be allowed to volunteer at the same location.

Please check your first and second choice

<table>
<thead>
<tr>
<th>Cliffdale</th>
<th>Gray’s Creek</th>
<th>J.S. Spivey</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Lakes</td>
<td>Kiwanis</td>
<td>Smith</td>
</tr>
<tr>
<td>Eastover-Central</td>
<td>Lake Rim</td>
<td>Stedman</td>
</tr>
<tr>
<td>E.E. Miller</td>
<td>Massey Hill</td>
<td>Stoney Point</td>
</tr>
<tr>
<td>Gilmore TRC</td>
<td>Pine Forest</td>
<td>Westover</td>
</tr>
</tbody>
</table>

A maximum of 2 (two) C.I.T.’s per week will be allowed at each site

We also offer Cultural Arts Camps; please check if you would be interested in becoming a C.I.T. for one of the camps listed below.

<table>
<thead>
<tr>
<th>Little Picassos Art Camp</th>
<th>Lake Rim</th>
<th>June 22-26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed Up Art Camp</td>
<td>Cliffdale</td>
<td>June 29-July 3</td>
</tr>
<tr>
<td>Masterpiece Art Camp</td>
<td>College Lakes</td>
<td>July 6-10</td>
</tr>
<tr>
<td>Mixed Up Art Camp</td>
<td>Kiwanis</td>
<td>July 13-17</td>
</tr>
<tr>
<td>Shinning Stars Drama Camp</td>
<td>College Lakes</td>
<td>July 20-31 (2 weeks)</td>
</tr>
<tr>
<td>Masterpiece Art Camp</td>
<td>College Lakes</td>
<td>Aug 3-7</td>
</tr>
</tbody>
</table>
FAYETTEVILLE-CUMBERLAND PARKS AND RECREATION
121 Lamon Street, Fayetteville, NC 28301-5537 (910) 433-1547
Youth Volunteer Application / Release of Information

Last Name ______________________  First Name ______________________  Middle ______________________  Male  Female

Date of Birth: (MM/DD/YY) ______________________  Parent Email: ______________________

Home Phone: ______________________  Parent Cell Phone: ______________________

CURRENT ADDRESS ______________________  CITY ______________________  STATE ______________________  ZIP ______________________

Current school attending: ______________________  Grade: ______________________

Did you participate in any of these activities at a City of Fayetteville recreation center last year? Yes No

Center: ______________________  Program: ______________________  Dates: ______________________

Center: ______________________  Program: ______________________  Dates: ______________________

INSURANCE:

The Youth Volunteer is covered by ______________________

________________ Company Name and Policy Number

The youth volunteer currently does not have accident/health insurance and I, as the youth volunteer’s parent or legal guardian, understand that payment of any medical expenses incurred as a result of the youth volunteer’s participation will be my responsibility and not the responsibility of Fayetteville-Cumberland Parks & Recreation, the City of Fayetteville, its employees, officers, agents, elected officials, successors and assigns.

STATEMENT OF RELEASE

I hereby agree that the youth volunteer will abide by all rules, regulations and policies as established by Fayetteville-Cumberland Parks & Recreation (FCPR) to participate in any and all related activities during the current session. I understand that injuries that may occur to the youth volunteer from participation, including transportation to and from activities, that FCPR cannot guarantee injuries will not occur, and I give this consent having informed myself of the inherent risks of the youth volunteer’s participation. I do hereby waive, release, absolve, indemnify and agree to hold harmless FCPR, the City of Fayetteville, its employees, officers, agents, elected officials, successors and assigns, parent or local league organization, organizers, sponsors, supervisors, participants, and persons transporting the youth volunteer participant to and from activities against any action, claim, cost, fee or expenses any of them may incur arising out of or defending any such action or claim related to such participation by the youth volunteer listed above, to the fullest extent of the law. I also grant permission to managing personnel or other department representatives, to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the youth volunteer become ill or injured while participating in activities. I acknowledge that the youth volunteer has received, understands and will abide by FCPR’s Code of Conduct. I agree that the youth volunteer will return upon request any equipment issued to the youth volunteer in as good as condition when received, except for normal wear and tear. I agree that photographs, recordings or any other record may be used for the purpose of promoting programs operated by FCPR and the City of Fayetteville and further agree to release FCPR and the City of Fayetteville from any and all liability associated therewith. I hereby take responsibility for the above information and its accuracy to the best of my knowledge. I have read and fully understand that these terms are not a mere recital and sign this agreement voluntarily.

My signature below indicates my understanding that, as the parent or legal guardian of the youth volunteer, I consent to his/her involvement in the above noted FCPR Youth Development program and authorize FCPR to contact the above listed references. To the best of my knowledge, the youth volunteer is a member in good standing of his/her local and school communities with no pending disciplinary action. With my signature, and the signature of the youth volunteer, which I voluntarily affix to this application and release, I acknowledge that I have read, understood, and will do my best to fulfill the promises contained in this application and release, and acknowledge that I, both individually and as the youth volunteer’s parent or legal guardian, will be bound by its terms to the fullest extent of applicable law. I certify the information given by me is true and complete, and that misrepresentations, falsifications or omission will be sufficient cause for dismissal of the youth volunteer’s duties. I also understand this application becomes the property of the FCPR Department.

Parent/Guardian Signature: ______________________  Printed Name: ______________________  Date: ______________________

Student/Volunteer Signature: ______________________  Printed Name: ______________________  Date: ______________________

Center/Asst. Supervisor: ______________________  Printed Name: ______________________  Date: ______________________
The purpose of this document is to give parent and participants some general information about the Counselor In Training (C.I.T.) Leadership program.

What should my completed application look like?
Completed applications should have forms C / I / T completely filled out, your teen’s personal statement and 2 references letters.

When will the interviews be scheduled?
Each applicant (both new and returning) will be required to interview with Recreation Program Staff. Interviews will be scheduled in the evenings on May 6 & 7. An email will be sent out the Monday after the deadline to schedule interviews.

How is all communication for this program done?
All communication will come to your email address that is why it is important to put a student email on Form C and a parent or guardian email on Form T. Both will be emailed for all communication.

Will my teen be able to volunteer all summer?
C.I.T’s are guaranteed ONE week of summer camp. The C.I. T. can earn more weeks as the weeks are available based on their work performance.

What will be my teens schedule during the week they are scheduled to work?
C.I.T’s are expected to report to work for ALL five days of the work week. If the C.I.T. cannot work ALL 5 days of the assigned work week they should pick another week to work.

How will my teen get credit for their volunteer hours?
C.I.T’s must complete an online evaluation daily by 9:00 p.m. They always have the option of completing this before they leave the center.

How will my teen know if they have been invited back for another week?
C.I.T’s will complete an evaluation on Friday with the Fulltime Staff. Once the evaluation is complete the C.I.T’s will know if they are invited back for another week.
What should my teen wear each day?
C.I.T.’s dress attire:
- Tennis shoes, shorts that are no shorter than 3 inches above the knee
- no holes in jeans, no flip flops; no tank tops
- **Swim days:** *(there will be one field trip each week which will include a pool visit)*
  - **Females:** one piece preferred, no bikini, if you have a tankini your belly button must be covered, swimsuits must have straps
  - **Males:** swim shorts no shorter than 3 inches above the knee
Please keep in mind that the C.I.T.’s are a role model for all of the campers and therefore please ensure that all clothing is appropriate.

Will my teen be able to swim on the field trip day with the group?
C.I.T.’s are expected to get in the pool during swim days. If there is any reason that you’re teen cannot get in the pool please inform Ms. Crystal.

Can my teen bring their cellphone to work with them each day?
C.I.T.’s cellphones should not be visible during the day. Should you need to contact your teen please call the center and the staff will allow your C.I.T.’s time to speak with you.

Will my teen need to pack a lunch each day?
C.I.T.’s are responsible for providing their lunch or they may order a lunch at the recreation center. If they are ordering lunch from the recreation center please find out what time the center orders lunch daily to make sure that your C.I.T.’s has lunch. C.I.T.’s are responsible for bringing 2 snacks. C.I.T.’s are not allowed to leave the recreation center for lunch.

Questions or concerns? Please contact Crystal Glover, FPCR’s Youth Development Coordinator @ 910-433-1021 or via email @ cglover@ci.fay.nc.us