

# COMM CAMP 2010

## Counselor-In-Training Application

The Waverly Community House offers a six-week themed day camp for children Pre-K through 6th grade June 28 through August 6, 2010. Children who enjoy the camp experience but have outgrown Comm Camp may participate in the Counselor-In-Training Program which is open to boys and girls entering 8th through 10th grade in the fall of 2010.

The "CIT" program helps adolescents develop leadership and problem solving skills in a creative and familiar environment. The CIT's primarily assist the senior counselors in each of the four levels, participate in field trips, assist with special events and help develop games and programming. They will also spend some time each day with the other CIT's for some informal fun. Many of our CIT's graduate to become counselors at Comm Camp or at summer programs located elsewhere. CIT's are encouraged to participate in the entire six-week program for maximum benefit but may register for fewer weeks.

The fee is \$100 per week for up to three weeks and \$300 for three or more weeks. The weeks may not be prorated. All CIT's will be asked to complete a medical form and meet with the Camp Directors prior to Camp for a brief interview. We look forward to meeting you!



### Counselor-In-Training Application 2010—Part I

Name \_\_\_\_\_

Grade Entering in Fall 2010 \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Sessions (check all that you are registering for):

- Week 1 (June 28-July 2)     Week 4 (July 19 to 23)  
 Week 2 (July 6 to 9)     Week 5 (July 26 to 30)  
 Week 3 (July 12 to 16)     Week 6 (August 2 to 6)

Method of Payment:     Check/Money Order     Cash  
                                   VISA                            MasterCard

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature (if paying by credit card):  
\_\_\_\_\_

Total enclosed: \$ \_\_\_\_\_ Check/MO # \_\_\_\_\_

#### Release

*I/we do not, will not hold any individual associated with The Comm Camp, the Waverly Community House or NEPA AHEC employees, Board of Trustees, volunteers or Abington Township responsible for any accident or injury incurred by my child while participating in this Camp.*

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



# Comm Camp 2010 COUNSELOR-IN-TRAINING APPLICATION - Part II

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

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

Address: \_\_\_\_\_  
Street/Box # City State Zip

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

List Experience in Clubs and Other Organizations:

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

List Experience in Camp:

- | <u>Name of Camp</u> | <u>Location</u> |
|---------------------|-----------------|
| 1. _____            | _____           |
| 2. _____            | _____           |
| 3. _____            | _____           |

Describe classes or experiences in the past year that prepare you for the CIT program (especially with youth, recreation, outdoor programs)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to participate in the CIT program? What new skills or abilities would you like to improve through your CIT experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list two adult references (not relatives).

1. \_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_  
Phone (Capacity in which person has known you)
2. \_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_  
Phone (Capacity in which person has known you)

**I give my permission to check references and verify the information on this application.**