



TOWN OF PLEASANT VALLEY

1554 MAIN STREET
PLEASANT VALLEY, NY 12569
SANDY COE, RECREATION DIRECTOR
PHONE: 845-266-9222
FAX: 845-266-3873
WWW.PVREC.COM

CIT (COUNSELOR IN TRAINING) PACKET

DATE _____

NAME _____

HOME # _____ CELL # _____

EMAIL ADDRESS: _____

PLEASE BE SURE TO USE THE CHECKLIST BELOW AS A GUIDELINE FOR SUBMITTING ALL REQUIRED PAPERWORK. ALL FORMS SHOULD BE SUBMITTED TO THE PV RECREATION DEPARTMENT LOCATED AT 27 HIBERNIA ROAD, SALT POINT.

OUR OFFICE HOURS ARE MONDAY - THURSDAY 9AM - 4PM AND FRIDAY 9AM - 1 PM. THERE IS A SECURE MAILBOX OUTSIDE THE OFFICE FOR AFTERHOURS DROP OFF.

IF SUBMITTING THEM VIA MAIL,
1554 MAIN STREET, PLEASANT VALLEY, NY 12569.

- PLEASE PROVIDE A *MINIMUM* OF TWO LETTERS OF RECOMMENDATION FROM LEADERS IN THE COMMUNITY
- 150 WORD ESSAY ON WHY YOU WOULD LIKE TO BE A CIT
*IF YOU ARE A RETURNING CIT FROM LAST SUMMER, YOU DO NOT NEED TO SUBMIT ANOTHER ESSAY
- CIT – COUNSELOR IN TRAINING APPLICATION
- MEDICAL SCREENING FORM & IMMUNIZATION RECORD FROM DR.
- STAFF CONTACT INFORMATION
- CAMP SUNNY DAYS GOLDEN RULES (PLEASE READ AND KEEP FOR REFERENCE)

USING THE CHECKLIST PROVIDED FOR YOU ABOVE, PLEASE BE SURE EVERYTHING IS INCLUDED AND ALL REQUIRED SIGNATURES AND DATES ON ALL PAGES ARE COMPLETED BEFORE SUBMITTING THEM. APPLICATIONS THAT ARE MISSING ANY OF THE REQUIRED INFORMATION LISTED ABOVE, WILL ***NOT*** BE ACCEPTED.

~MUST BE RECEIVED BY MAY 1ST~

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT THE RECREATION OFFICE.



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CIT – Counselor In Training Application

**This application should be filled out by the applicant.
 Please provide a *minimum* of two letters of recommendation from leaders in the
 community along with the completed application form by May 1st .**

PLEASE READ:

Thank you for your interest in the CIT (Counselor In Training) Program in The Town of Pleasant Valley. This program is a youth skills-leadership development program for teens between 14 and 17 years of age and participation is on a volunteer basis. This is not a paid position. There will be a CIT performance evaluation, which will enable the CIT participant to use their experience on a job application in the future. Participation as a CIT in the program is not a guarantee for future employment as a Counselor.

CIT Evaluations will be taken into consideration, as part of the interview process to fill open Counselor positions in the future, if an application is submitted for a Counselor Job.

PLEASE PRINT CLEARLY:

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Street Address: _____

Town / State / Zip: _____

Cell #: _____ Email Address: _____

School Currently Attending: _____ Grade: _____

Please indicate any Physical Limitations / Medical Conditions we need to be aware of: _____

Name of Parent / Guardian: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact #: _____

WORK EXPERIENCE:

Please list any work experience (Baby-sitting, Volunteer Work, Odd Jobs, etc.):

Name of Business or Individual	Supervisor	Dates of Employment

Job Duties (Type of Work Done)



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WORK EXPERIENCE: (Continued)

Name of Business or Individual	Supervisor	Dates of Employment
Job Duties (Type of Work Done)		

GENERAL INFORMATION:

Please list special skills (Arts & Crafts, First Aid, Sports, etc.): _____

Please list Hobbies, Sports Teams, etc.: _____

Why do you want to be a CIT? (Please be specific): _____

PARENTAL CONSENT:

I hereby give my permission for my child, _____, to participate in the Pleasant Valley Summer Program as a CIT (Counselor In Training). Further, I authorize the Town of Pleasant Valley Summer Program to provide emergency treatment of an injury to or an illness of my child if qualified medical personnel consider the treatment necessary and perform the treatment.

**This authorization is granted, only if I can NOT be reached, and a reasonable effort has been made to do so.*

SIGNATURE Of Parent / Guardian: _____ Date: _____

AFFIRMATION:

I affirm that the statements made on this application and any attached papers or documents are true. Furthermore, I understand that participating as a CIT in the Summer Program is a Volunteer Position and no guarantee of future employment as a Counselor.

SIGNATURE Of Applicant: _____ Date: _____



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CIT – Counselor In Training ~ Duties Description

PLEASE READ:

- Be a good role model for campers and fellow CIT's.
- Show respect towards School Staff, Program Staff, Counselors, fellow CIT's, Parents and Campers.
- Have a good attitude every day. Wear a smile!
- Eagerly participate in all program areas.
- Follow through with all assigned tasks.
- Keep a daily journal.
- Attend all CIT workshops.
- Must be at least 14 years of age.
- Treat this as your job, make every effort to attend every day; notify Recreation Director if unable to attend Camp.

List of Possible Assigned Tasks:

- Assist with program set-up
- Fill water cooler
- Greet young campers and bring them to their group
- Assist in any assigned group
- Distribute equipment
- Assist in any program area
- Help prepare for activities
- Assist with program clean-up
- Other duties as assigned

And More!!

I have read and understand the responsibilities of being a CIT. I will make every effort to perform my duties correctly and with a good attitude. I know I can ask the Program Director for any assistance or clarification of these duties if needed.

SIGNATURE OF C.I.T.: _____ Date: _____



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SUMMER PROGRAM – Medical Screening

MM/DD/YR: ____/____/____

Please check one: CAMP SUNNY DAYS BASKETBALL CAMP SOCCER CAMP

Session/s child/CIT will attend: _____
(Only applies to Camp Sunny Days)

NAME _____ DOB: _____ Grade in Sept. _____

Parent/Guardian Name: _____

Please provide all applicable telephone numbers where you could be reached during the day:

Home: _____ Cell: _____ Work: _____

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY DURING CAMP HOURS:

Please provide us with CURRENT telephone numbers for TWO people to potentially be called if your child becomes injured or ill during camp. We do not have the facilities or the staff to care for a sick child. Please have someone available if you work during the day and be sure they're aware their contact info was listed here.

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

RECORD OF IMMUNIZATIONS: Dutchess County Health Department regulations require that we have the dates of these immunizations on file from Physician's record - please attach Physician's Record.

My child's Immunization records will be submitted (Please check one):

Along w/ this Medical Screening Form Via Fax From Dr's Office Via US Mail Rec Drop Box

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Does your child have a vision, hearing or other physical disability which requires special attention or would limit participation in camp activities? Y/N

EXPLAIN: _____

2. Does your child require emergency treatment for epilepsy, diabetes, nose bleeds, bee stings, asthma, etc.? Y/N

EXPLAIN: _____

3. Does your child take any medication on a daily basis? Y/N

If so, please list: _____

4. Does your child have allergies? Y/N

EXPLAIN: _____

5. Is there any additional information that will help us get to know your child better? Y/N

EXPLAIN: _____

I authorize the P.V. Summer Program to provide emergency treatment of an injury to, or illness of my child, if qualified medical personnel consider treatment necessary and perform the treatment.

This authorization is granted, only if I can NOT be reached, and a reasonable effort has been made to do so.

Parent / Guardian _____ Date _____



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STAFF CONTACT INFORMATION

Name: _____ Age: _____

Home #: _____ Cell #: _____

Email Address: _____

EMERGENCY CONTACT:

Please provide us with CURRENT telephone numbers for someone other than yourself as a backup if we are not able to reach you, should an emergency arise.

Name _____

Phone # _____

Phone # _____

Preferred Hospital: _____

Doctor: _____

Doctor's # _____

Medications Currently Taking

Allergies



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CAMP SUNNY DAYS GOLDEN RULES

1. Our campers are THE most important people in our camp.
2. Our campers are not dependent on our camp; they ARE the purpose of it.
3. Campers are NOT interruptions of our work; they ARE the purpose of it.
4. Our campers do us a favor when they ask for help, we are NOT doing them a favor by serving them.
5. Our campers are part of the camp; they are not "outsiders".
6. Our campers are not cold statistics, they are flesh and blood human beings with feelings and emotions like our own.
7. Our campers are not people with whom to argue or match wits.
8. Our campers are people who bring us their wants; it is our job to fill those wants.
9. Our campers are deserving of the most courteous and attentive treatment we can give them, nothing less is acceptable.
10. Campers are the lifeblood of this camp; THEY ARE the reason we have a job.

*"Those who bring sunshine into the lives of others, cannot keep it from themselves."
~James Barrie*