



# Counselor-In-Training (C.I.T.)

## 2018 Application

Suffolk Parks & Recreation  
134 S. Sixth Street  
Suffolk, Virginia 23439  
(757) 514-7250 Fax: (757) 514-7275



Please complete this application electronically or by pen (print) in its entirety

### PERSONAL INFORMATION

**SEMESTER:**  FALL (Sept- Dec)  SPRING (Jan- May)  SUMMER (June-Aug)  
(Open until filled) (Open until filled) **Deadline: May 16, 2018**

NAME:

First MI Last Date of Birth (Year Optional)

ADDRESS:

Street City State Zip

PHONE:

Home Cell Other

EMAIL ADDRESS:

EMERGENCY CONTACT:

First MI Last

PHONE:

Home Cell Other

**Which area(s) would you be interested in volunteering?** (Place a number beside your preference with 1 being your top priority for a placement) Site placements are not guaranteed.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Creekside Recreation Center       | <input type="checkbox"/> Kings Fork Recreation Center | <input type="checkbox"/> Booker T. Washington Recreation Center |
| <input type="checkbox"/> Northern Shores Recreation Center | <input type="checkbox"/> Oakland Recreation Center    | <input type="checkbox"/> Mack Benn, Jr. Recreation Center       |
| <input type="checkbox"/> East Suffolk Recreation Center    | <input type="checkbox"/> Suffolk Art Gallery          | <input type="checkbox"/> Outdoor Adventure Kamp (summer)        |
| <input type="checkbox"/> Whaleyville Community Center      | <input type="checkbox"/> Special Events               | <input type="checkbox"/> Athletics                              |
|  |   | <input type="checkbox"/> Other: _____                           |

**Please list any additional area(s) of interests?** (Please include programs, sites, divisions, type of work etc.):

Do you have any siblings participating or placed at any of the sites above?  Yes  No

If yes, please list site: \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

What would you like to achieve by volunteering as a Counselor-in-Training?

Using the space below, please indicate the dates and time you would be available (Check marks are acceptable):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please list any additional notes regarding availability (Summer School, vacations etc.):

## EDUCATION, TRAINING & EXPERIENCE

Please check the highest grade completed: 6 7 8 9 10 11 12

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Please list any extracurricular activities you are involved in (clubs, sports teams etc.): \_\_\_\_\_

Please list additional certifications and or licenses (CPR, First Aid, AED, Lifeguard etc.): \_\_\_\_\_

### Please indicate your knowledge, skills, and abilities:

Assist with Adults

Assist with Children

Arts & Crafts

Athletics

Attention to Detail

Assist with Senior Citizens

Experience with Special Events

Filing Sorting etc.

Data Entry

Microsoft Outlook

Microsoft Publisher

Microsoft Excel

Photography

Photoshop/Graphics

Microsoft Word

Other: \_\_\_\_\_

Writing, Proofing, Editing

Have you ever been a C.I.T.? If yes, at which site? \_\_\_\_\_

Please list employment/volunteer experience: *(Resume may be attached. Use additional paper if needed.)*

## REFERENCES

Please list at least two references who are not related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge without consequential omission of any kind whatsoever. I agree that the city of Suffolk shall not be liable in any respect if I am disqualified from volunteering because of the falsity of statements, answers or omissions made by me in this application.

I consent to any substance abuse and/or criminal background investigation which may be required for the position for which I am applying.

### Consent to use Photographs

I understand that photographs may be taken of me at any City of Suffolk program or facility for publication in material used to promote the City of Suffolk, its programs, or events.

### Waiver and Release

In consideration of being permitted to participate in any way as a volunteer of the City of Suffolk, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, it's Council members, officers, employees and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me, my agents, employees, or family members arising from participation as a volunteer for the City of Suffolk.

### Indemnification

I shall indemnify and hold harmless the City of Suffolk, it's Council members, officers, employees and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives while participating as a volunteer for the City of Suffolk.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under the age of 18)