

WORK EXPERIENCE (Use additional sheet if necessary)

Briefly describe your current and/or past work experience (duties and responsibilities)

VOLUNTEER INFORMATION: (Please list any volunteer experience).

Agency	Title	Telephone	Length of Service
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List previous experience with children:

List any hobbies or areas of interest that you have:

Why do you want to be a (CIT) Counselor in Training?

REFERENCES

Give references, not relatives, whom you have known at least five years. (Teacher, Minister, etc.)

Name & Address

 Phone#

Name & Address

 Phone#

Name & Address

 Phone#

AGREEMENT

I agree to serve, if selected, as volunteer Counselor In Training with Suffolk Parks and Recreation Department during the summer of 2011. I will comply with all the following conditions and requirements:

1. I agree to conduct myself in a mature, responsible manner and to remember that I am a representative of the City of Suffolk and Recreation Department.
2. I agree to attend camp punctually each day. In the event of illness or an emergency, I will call my supervisor as soon as possible to notify him/her of my absence.
3. It is understood that since I am not entitled to City of Suffolk's health insurance, worker's compensation program's or any other benefit given to an employee of the City of Suffolk
4. I have read and understand the Counselor in Training program information and agree to perform the duties therein to the best of my ability.
5. If my work performance or behavior is in any way deemed unacceptable by the Youth Services Coordinator, I understand that I may be terminated immediately.

I understand that completion of the application process for the Counselor in Training Program does not guarantee acceptance in the program.

I certify that answers given herein are true and complete to the best of my knowledge without consequential omissions 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.

Consent to use Photographs

I understand that photographs may be taken of me at any Parks and Recreation program or facility for publication in material used to promote department programs, classes, or events.

Waiver for Participation

I hereby agree to participate in the above listed activities sponsored by the City of Suffolk, Department of Parks and Recreation upon the understanding and condition that I agree to abide by the rule, policies, and procedures of the Department and the City. I will not hold the city of Suffolk, its staff, employees, representatives of agents responsible for loss of personal property or for medical or dental expenses incurred as a result of said participation including liabilities, expense, or judgments, attorney's fees or court cost, except claims caused by the gross negligence or willful misconduct of the Department. In the event of injury, I give permission for myself to be transported to the nearest medical facility and have appropriate care administered. I certify that all information given is correct and complete. I recognize that each program may have different requirements and that I must follow all rules, regulations, policies, procedures and guidelines specific to each program.

Parent's Signature _____ Date _____

Counselor in Training Applicant's Signature _____ Date _____
