

# Montville Township Parks and Recreation Department

## 2023 COUNSELOR IN TRAINING PROGRAM

### POLICY AND EVALUATION GUIDELINES

The Counselor-In-Training program is available for students' entering 9<sup>th</sup> or 10<sup>th</sup> grade in September 2023. **Limited openings available. Apply Early.**

Students should complete the application and questionnaire (attached) and apply by March 15<sup>th</sup> by mailing or delivering this application to:

Montville Recreation Department  
Attn: Lori Dent  
195 Changebridge Road  
Montville, NJ 07045

All applicants will be notified of their application status by April 28<sup>th</sup> via email.

The CIT Program (Counselor-In-Training program) allows students with no prior camp experience the opportunity to earn community service hours to take part in a valuable learning experience. Students applying for the CIT program must genuinely enjoy working with children! Throughout the program students must prove themselves responsible, patient, safety conscious, hardworking, a team player and capable of working with children. All students accepted into the CIT program will be required to attend free leadership training and safety classes provided by the Recreation Department. During training, each student is given an evaluation form outlining all the necessary skills that students need to possess or develop during the camp program to be considered for future employment. Written evaluations are completed on all CIT's and all staff members in camp. Evaluations are used as a training tool to guide, nurture, and help develop skills. They are also used as a tool to formally notify a CIT or staff member when inappropriate behavior or a negative action needs to be corrected or is unacceptable.

***PARTICIPATION IN THE CIT PROGRAM IS NOT A GUARANTEE OF FUTURE EMPLOYMENT.*** Students who have successfully completed the CIT program are eligible to apply for a Counselor position and will be considered ***when new positions open up.*** **Eligible students are prioritized by their evaluation ratings and total volunteer hours served in the CIT program or any other year-round Recreation Department run programs in which volunteer hours were served.**

Any questions please e-mail [Ldent@montvillenj.org](mailto:Ldent@montvillenj.org) or call 973-331-3305.

**Montville Township Parks and Recreation Department  
2023 COUNSELOR IN TRAINING PROGRAM APPLICATION**

***PLEASE \* PRINT \* CLEARLY! – ILLEGIBLE applications WILL NOT be considered!***

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**HOME ADDRESS:** \_\_\_\_\_  
(Street) (Town) (Zip)

**MAILING ADDRESS:** \_\_\_\_\_  
(if different than home address) (Street) (Town) (Zip)

**STUDENTS EMAIL ADDRESS (mandatory):** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **CELL PHONE#:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_  
month day year

**PLEASE CHECK OFF SESSIONS INTERESTED IN VOLUNTEERING:**

- \_\_\_ Week 1 (July 5<sup>th</sup>-7<sup>th</sup>)      \_\_\_ Week 4 (July 24<sup>th</sup>-28<sup>th</sup>)  
\_\_\_ Week 2 (July 10<sup>th</sup>-14<sup>th</sup>)      \_\_\_ Week 5 (July 31<sup>st</sup>-Aug 4<sup>th</sup>)  
\_\_\_ Week 3 (July 17<sup>th</sup>-21<sup>st</sup>)

**\*ALL WEEKS MAY BE SELECTED, HOWEVER A MINIMUM OF TWO WEEKS IS REQUIRED FOR PROPER EVALUATION\***

**LIST BELOW THE NAMES OF ADULTS (NOT RELATED TO YOU) WHOM WE CAN CALL FOR A REFERENCE.**

<u>Adults Name</u>	<u>Phone #</u>	<u>How do you know them?</u>	<u>How many years?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Montville Township Parks and Recreation Department  
2023 COUNSELOR IN TRAINING PROGRAM QUESTIONNAIRE**

**\*ATTACH EXTRA PAPER OR USE BACK OF PAGE IF NEEDED\***

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

1. What, in your opinion, are your top three skills, you possess that will prove to be an asset if selected into the Counselor in Training program?

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2. Write a brief summary of why you want to volunteer in the Counselor in Training program?

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3. What is your favorite sport and/or hobby?

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4. List any experience or training you may possess, which you believe will help make you an effective CIT.

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5. What character qualities do you possess, that would be useful as a CIT?

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6. How would you expect a camper to benefit from an experience in your group?

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7. State qualities you possess that would ensure a positive working relationship with other counselors.

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**PLEASE SELECT ANY AND ALL AREAS OF INTEREST:**

\_\_\_\_\_ Arts-N-Crafts Program Helper

\_\_\_\_\_ Field Activity Helper

\_\_\_\_\_ Assisting with a camper group

**IMPORTANT**

I certify that I personally completed this application and that the information in this application is complete and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If applicant is under 18 years old, either a parent or guardian must sign below. Your signature indicates this application is made with full approval of parent/guardian.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_