



Bethany Park & Recreation
Town Of Bethany
 Town Hall-40 Peck Rd
 Bethany, CT 06524
 Tel. (203) 393-2100 ext. 127
 Fax: (202) 393-0821



2017 Junior Counselor-in-Training Application

Youth must have completed 7th grade to serve as a Junior Counselor-in-Training.

The purpose of the Junior Counselor-in-Training Program is to provide training and support for youth who wish to become Counselors-in-Training. Youth completing this program will be trained, and given ongoing evaluation and supervision to be placed as Junior Counselors. Participants in this program have the opportunity to become more self-directed and to demonstrate their ability to be responsible for themselves and others. They have an opportunity to contribute back to Bethany Summer Camp by giving direct service to younger members. Bethany Summer Camp standards establish minimum age qualifications. The Parks and Recreation Department may also want to consider other qualifications, such as physical health, stamina and camping experience. Other, less objective considerations might be social and emotional maturity, leadership potential, appreciation of the outdoor environment and motivation or commitment to being a Junior Counselor.

Applicant's Name: _____
Parent's Name(s): _____
Address: _____
Phone Number: _____
Email Address: _____

Please indicate your intended attendance for each session:

- | | | | | | | |
|--------------------------|-------------|----------------|----|-----------------|---------------|-------------|
| <input type="checkbox"/> | Session 1- | June 19, 2017 | -- | June 23, 2017 | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 2- | June 26, 2017 | -- | June 30, 2017 | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 3 - | July 3, 2017 | -- | July 7, 2017 | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 4 - | July 10, 2017 | -- | July 14, 2017 | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 5 - | July 17, 2017 | -- | July 21, 2017 | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 6 - | July 24, 2017 | -- | July 28, 2017 | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 7 - | July 31, 2017 | -- | August 4, 2017 | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 8- | August 7, 2017 | -- | August 11, 2017 | AM:___ PM:___ | All Day:___ |

Please answer the following questions completely and carefully.

1. List the characteristics you feel an exceptional Junior Counselor-in-Training should have.

2. Why would you like to be in the JCIT program?

3. What experience have you had that would help you to be an exceptional JCIT?

4. Is there anything else you would like us to know about you? Special talents?



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Fees:

AM or PM Only (9:00 a.m. -12:00 p.m. or 12:00-3:00pm): \$50.00 per week

Full Day (9:00 a.m. - 3:00 p.m.): \$95.00 per week

*Additional Fees: Mad Scientists: +\$20, Bowling +\$25, Tennis +\$20, Dance Attitude +\$20, Karate +\$20

Session 1: June 16th - June 23th
Session 2: June 26th - June 30th
Session 3: July 3th - July 7th
Session 4: July 10th - July 14th
Session 5: July 17th - July 21st
Session 6: July 24th - July 28th
Session 7: July 31st - August 4th
Session 8: August 7th - August 11th

Total # of AM Sessions: _____ (@ \$50/session) = _____

Total # of Full Day Sessions: _____ (@ \$95/session) = _____

Additional Specialty Camp Fees = _____

Grand Total = \$ _____

Amount Paid: \$ _____ Balance Due = \$ _____

Amount Paid: \$ _____ Balance Due = \$ _____

Amount Paid: \$ _____ Balance Due = \$ _____

Amount Paid: \$ _____ Balance Due = \$ _____

Parent/Guardian Signature: _____

Date: _____

We are sorry, but refunds will not be honored once a program begins



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Personal Reference Form

To be completed by an adult (**not a relative**) who has known the applicant for one year or more.

Applicant's Name: _____

How long have you known the applicant?

In what capacity is your relation to the applicant?

Do you think the applicant would be a good caregiver for children? Why?

Do you find the applicant to be dependable, trustworthy, and honest?

Do you think the applicant is a positive role model for children?

Do you feel the applicant uses mature judgment?

Is there anything else you would like us to know about the applicant?

Name: _____

Phone: _____

Signature: _____

Date: _____



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Staff Medical Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Please list any allergies: _____

Please list any medications: _____

Please list any medical condition: _____

In case of emergency, we should contact:

Name: _____

Relation to you: _____

Home/Cell Phone: _____

Work Phone: _____

Name: _____

Relation to you: _____

Home/Cell Phone: _____

Work Phone: _____