



**Bethany Park & Recreation  
Town Of Bethany**

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



## 2018 Junior Counselor-in-Training Application

Youth must have completed 7<sup>th</sup> 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 25, 2018   | -- | June 29, 2018   | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 2-  | July 2, 2018    | -- | July 6, 2018    | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 3 - | July 9, 2018    | -- | July 13, 2018   | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 4 - | July 16, 2018   | -- | July 20, 2018   | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 5 - | July 23, 2018   | -- | July 27, 2018   | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 6 - | July 30, 2018   | -- | August 3, 2018  | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 7 - | August 6, 2018  | -- | August 10, 2018 | AM:___ PM:___ | All Day:___ |
| <input type="checkbox"/> | Session 8-  | August 13, 2018 | -- | August 17, 2018 | 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: Bowling +\$25, Laser Tag +\$25, Dance Attitude +\$25, Karate +\$25

Session 1: June 25th - June 29th
Session 2: July 2nd - July 6th
Session 3: July 9th - July 13th
Session 4: July 16th - July 20th
Session 5: July 23rd - July 27th
Session 6: July 30th - August 3rd
Session 7: August 6th - August 10th
Session 8: August 13th - August 17th

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?

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In what capacity is your relation to the applicant?

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

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

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

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Do you feel the applicant uses mature judgment?

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

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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: \_\_\_\_\_