



Bethany Park & Recreation
Town Of Bethany
 Town Hall-40 Peck Rd
 Bethany, CT 06524
 Tel. (203) 393-2100 ext. 1127
 Fax: (202) 393-0821



2019 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: _____

Address: _____

Phone Number: _____

Email Address: _____

Parent's Name(s) & Phone Number: _____

Please indicate your intended attendance for each session:

- | | | | | | |
|--------------------------|-------------|-----------------|----|-----------------|---------------------------|
| <input type="checkbox"/> | Session 1- | June 24, 2019 | -- | June 28, 2019 | AM:___ PM:___ All Day:___ |
| <input type="checkbox"/> | Session 2- | July 1, 2019 | -- | July 3, 2019 | AM:___ PM:___ All Day:___ |
| <input type="checkbox"/> | Session 3 - | July 8, 2019 | -- | July 12, 2019 | AM:___ PM:___ All Day:___ |
| <input type="checkbox"/> | Session 4 - | July 15, 2019 | -- | July 19, 2019 | AM:___ PM:___ All Day:___ |
| <input type="checkbox"/> | Session 5 - | July 22, 2019 | -- | July 26, 2019 | AM:___ PM:___ All Day:___ |
| <input type="checkbox"/> | Session 6 - | July 29, 2019 | -- | August 2, 2019 | AM:___ PM:___ All Day:___ |
| <input type="checkbox"/> | Session 7 - | August 5, 2019 | -- | August 9, 2019 | AM:___ PM:___ All Day:___ |
| <input type="checkbox"/> | Session 8- | August 12, 2019 | -- | August 16, 2019 | 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): \$55.00 per week

Full Day (9:00 a.m. - 3:00 p.m.): \$100.00 per week

*Additional Fees: Bowling +\$25, Laser Tag +\$25, Dance Attitude +\$25, Karate +\$25, Golf +\$25

Session 1: June 24th - June 28th
Session 2: July 1st - July 3rd
Session 3: July 8th - July 12th
Session 4: July 15th - July 19th
Session 5: July 22nd - July 26th
Session 6: July 29th - August 2nd
Session 7: August 5th - August 9th
Session 8: August 12th - August 16th

Total # of AM Sessions: _____ (@ \$55/session) = _____

Total # of Full Day Sessions: _____ (@ \$100/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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JCIT 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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JCIT/Staff Medical Information

Name: _____

Address: _____

Cell Phone: _____ Home 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: _____