

3. If you heard a program participant saying unkind words to another participant, how would you help?

If you have experience with any special skills listed below, please check them off. Do not feel you need to mark all boxes:

- | | | |
|--|--|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Sing-a-longs |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Water games | <input type="checkbox"/> Group games |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Crafts | <input type="checkbox"/> Musical Instrument |
| <input type="checkbox"/> Team building | <input type="checkbox"/> Other (Please explain)_____ | |

Extracurricular Activities

Previous Work/Volunteer Experience

MOTIVATION and INTENTION:

I am hoping to participate in the East Hanover Twp. Playground Program as a C.I.T. because: *(circle as many as apply)*

1. One day I would like to be a counselor.
2. I have enjoyed coming to the EHT Summer Rec. Playground Program as a program participant.
3. I'd like to learn to be a leader.
4. I am completing service hours for my school.
5. My guardian(s) want(s) me to come.
6. Other: _____

Explain your understanding of "teamwork."

What are some of your post high school goals or plans?

TALENTS & HOBBIES:

1. What are some of your hobbies and/or talents?

2. What do you do during your free time?

SPORTS & GAMES:

1. What are some sports or games you like or know how to play? _____

2. What children's games do you know how to play? _____

SERVICE & LEADERSHIP:

1. Are you involved in any volunteer work, such as at school or church or Scouts, etc. *(Give details)*

2. Have you ever held a leadership role (in school or an organization)? What were your responsibilities and your goals?

3. What do you think it will be like to be a C.I.T. or what are you most looking forward to?

PLAYGROUND PROGRAM EXPERIENCE:

Have you ever been a participant at the EHT Playground Program? _____ Yes _____ No

What do you remember most about your experiences?

AVAILABILITY

Keep in mind that you must be available to commit to at least 5 (or 25 days) of the 8 weeks to apply to the program.

Please note all dates you ARE NOT available. The 2018 program begins June 11, ends August 3:

1. Why do you want to be a Counselor in Training (C.I.T) at the EHT Playground Program?

2. Name someone that you see as a leader, describe the characteristics that make that person a good leader.

It is my understanding that this application, or the granting of an oral interview, does not represent a contract or promise of future benefits by EHT Playground Program. I understand and agree that if selected, my training will be at-will and may be terminated, if rules are not followed, at any time, by either one of the Park & Recreation Director or Playground Program Director.

Name of Applicant _____
Print

Signature of Applicant _____ Date _____
Sign

Name(s) of Parent/Guardian _____
Print

Parent/Guardian's Signature: _____ Date _____
Sign

References

(Teachers, guidance counselors, church leader, Pastor, employers, etc.; do not include relatives)

Name	Address	Phone	Relationship

East Hanover Twp., Dauphin County Summer Recreation Playground Program

COUNSELOR IN TRAINING RESPONSIBILITIES AND DUTIES

****PLEASE INITIAL TO SHOW YOUR UNDERSTANDING AND AGREEMENT****

RESPONSIBILITIES:

- KIDS COME FIRST! Set a good example by being a positive role model_____*
- Assist program staff with daily activities, such as crafts, games, hikes_____*
- Give youth participants your full attention during program times_____*
- Be punctual; arrive prepared to begin promptly at 9:00am_____*
- Be an active part of all camp activities_____*
- Counselors In Training must attend at least the equivalent of 5 of the 8 scheduled program weeks_____*
- Abide by all rules, policies and procedures_____*
- Treat all youth program participants equally, there should be no favorites_____*
- Be cooperative with the program Directors, Counselors, your peers, and the youth participants_____*
- Be enthusiastic and have a positive attitude_____*

SPECIFIC DUTIES:

1. Aid Counselors by helping to get equipment and supplies ready for activities_____*
2. Help to secure supplies and equipment after activities_____*
3. Aid children in their learning by providing a good example_____*
4. Help Counselors and children by helping to keep track of their belongings_____*
5. Help Counselors get children to activities_____*
6. Contribute ideas to improve the program_____*
7. Report any unsafe actions by children or other Counselors In Training to the Playground Program Assistant Director or Park and Recreation Director_____*
8. Assist in cleaning and disposing of trash_____*
9. Ability to accept supervision and guidance_____*
10. Good character, integrity, and adaptability_____*
11. Set a good example for campers and others, including cleanliness, punctuality, sharing duties during clean-up_____*
12. Respect each youth participant for their uniqueness_____*
13. Other duties as assigned by program Assistant Director and Director_____*

MEDICAL FORM

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said C.I.T. Program.

Trainee's Name _____

Emergency Contact _____ / Relationship _____

Phone _____ Cell _____

May be picked up by _____

May NOT be picked up by _____

Dietary Restrictions/Special Considerations/Medical Concerns

Has Anaphylaxis (severe allergic reaction) ever occurred to your child? _____ Yes _____ No

The applicant is under care of a physician for the following condition(s)

Current treatment (including medications)

Does the participant have epilepsy? _____ Yes _____ No

Does the participant have diabetes? _____ Yes _____ No

Has your child ever had a bee sting? _____ Yes _____ No

Reaction to bee sting? _____

Insurance Company _____

Policy/Group # _____

Name(s) of Parent or Guardian _____

PRINT

Phone _____ Date _____

Parent or Guardian's Signature

Work _____ Cell _____

Email _____

**East Hanover Township, Dauphin County
Summer Recreation Playground Program**

Disclosure:

The EHT Summer Recreation Playground Program involves a variety of activities and challenges that include, but not limited to: games, initiatives, and hiking. There is risk involved in all activities associated with participants and the participant of the program assumes the risk. It is the policy that all participants have health insurance coverage.

I understand that the activities associated with being a Counselor In Training may be both physically and mentally demanding. I affirm that I am in good health and that I am not under any professional care for any condition that will limit my ability to safely participate with the guidelines. I recognize the inherent risk of injury that could result during activities. I release EHT staff and program participants of liability for any injury that may occur to me during the Counselor In Training Program.

Trainee's Name: _____
PRINT

Trainee's Signature: _____ Date _____

I, the Parent/Guardian _____ approve this registration and certify that _____ is capable of participating in all activities of the EHT Summer Rec. Playground Program. I understand that EHT is not responsible for lost, stolen or damaged personal articles. I understand that _____ is a Trainee at East Hanover Twp. and therefore will not receive any monetary compensation for participation in the program. I understand that _____ will be participating in the program during the following dates and times and that transportation to and from the program is not provided:

Monday – Friday June 11-August 3 (9:00a-12:00p)

Parent /Guardian's Name(s): _____
PRINT

Parent/Guardian's Signature: _____ Date _____

CONSENT AND RELEASE FROM LIABILITY

Consent and Release from Liability: In consideration of permission to participate in the EHT Summer Playground Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the EHT Playground Program, its officers, agent, volunteers and employees from and against any claims, demands, liability, damages, lawsuits or other actions, including but not limited to, personal injury or death or property damage arising out of or in any way connected with my participation or the participation of my child in the EHT Playground Program.

Parent /Guardian’s Name: _____

PRINT

Parent/Guardian’s Signature: _____ Date _____

Liability Release Authorization

In consideration for being accepted by the EHT Summer Playground Program to participate in the C.I.T. Program, we (I)[and on behalf of our (my) child-participant] heirs, successors, and assigns, do hereby release, forever discharge and agree to release, defend, indemnify and hold harmless the EHT Summer Playground Program, its officers, agent, volunteers and interns from and against any claims, demands, liability, damages, lawsuits or other actions, thereof from any and all liability, for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the EHT Summer Playground Program & C.I.T. Program.

Furthermore, we (I) [and on behalf of our (my)] child participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the C.I.T. Program at the EHT Summer Playground Program. EHT Summer Playground Program, including games and/or gardening activities therein. I authorize the staff of the EHT Summer Playground Program to act for me according to their best judgment in any emergency requiring medical attention. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees. I further understand that I am required to maintain and carry accident insurance coverage for the child listed on this application. I have no knowledge of any physical impairment that would be affected by the above named child-participant in the program as outlined in the brochure.

I also authorize the EHT Summer Playground Program to use photographs, and or video tapes of the junior counselor names on this registration, which may be needed for promotional purposes and website development.

_____YES _____ NO

_____ or _____

Parent Signature **(required)**

18 or over Signature **(required)**

Parent Name: _____

PRINT

I authorize the EHT Summer Playground Program to use photographs, and or video tapes of the junior counselor named on this registration, which may be needed for promotional purposes and website development as long as trainer’s faces are not shown. _____YES _____NO

_____ or _____

Parent Signature **(required)**

18 or over Signature **(required)**

Parent Name: _____

PRINT

The undersigned further hereby agree to hold harmless and indemnify EHT Summer Playground Program and/or its administrators, and the officers, volunteers and interns for any liability sustained by any other participant as the result of the negligent, willful or intentional acts of this participant, including expenses incurred attendant hereto.

_____ or _____

Parent Signature **(required)**

18 or over Signature **(required)**

Parent Name: _____

PRINT