

## **CAMP WITZEL - COUNSELOR IN TRAINING (C.I.T.) JOB DESCRIPTION**

**Overview:** Through this program you will shadow and assist counselors in their daily activities. The goal of this program is for you to develop the necessary skills to become a fulltime counselor once you are the appropriate age.

**Application Process:** This is an application process in which not all applicants will be selected for the program. After careful review of your application and as well as in-person interview, the Recreation Department Manager, the Camp Director, and Assistant Camp Directors will decide on your entrance into the program.

Applications must be completed by applicant. All attached forms must be completed in order to be considered for a CIT position.

**Length of Season:** 3-7 weeks, dependent on availability/enrollment (Must be able to commit to a minimum of 3 weeks). C.I.T.'s will be responsible for attending a meeting before the camp season begins. The date of the aforementioned meeting will be determined in the future and communicated to all accepted C.I.T's by email.

### **Qualifications:**

- 14-16 years of age
- Successful participation in school
- Experience as a camper at Camp Witzel, or working with youth
- Willingness to follow directions and work as a team member
- Strong leadership and organizational skills
- Willingness to ask for assistance when needed or desired
- Ability to interact with all age levels

### **Responsibilities:**

- Caregiver to campers attending Camp Witzel
- Provide leadership and guidance for camper's daily – paying special attention to: safety of campers and participation in camp activities.
- Assure campers are properly supervised at all times
- Be a role model to campers and staff in your attitude and behavior
- Set a good example to campers and others in regards to general camp procedures
- Be alert to equipment/facilities to ensure appropriate utilization, proper care and maintenance
- Discontinue use of equipment if unsafe or in need of repair
- Report equipment/facility issues promptly to Camp Director or Assistant Directors.

### **Physical Aspect of the job:**

- Ability to communicate orally and in writing
- Ability of working with groups (of varying age and skill levels)
- Activities may include/require: prolonged standing, bending, walking/running, stretching
- Hand-eye coordination and manual dexterity to manipulate equipment
- Prolonged exposure to outdoor elements (sun, wind, rain, etc.)

### **Reports to:**

- Counselor (when assigned as helper)
- Assistant Camp Directors
- Camp Director

### **Performance Policy:**

The Camp Director and Assistant Camp Directors reserve the right to, at any time,

- 1) Send a C.I.T home due to noncompliance with agreed upon contract or
- 2) Terminate a C.I.T for continuous infractions of the agreed upon contract.

### **Letter of Recommendation:**

C.I.T's who successfully complete the C.I.T program may request a letter of recommendation from Camp management for their hard work, to be used in obtaining a paid position at Camp Witzel or any other outside position.

**Any questions should be address to the Camp Director or Recreation Manager**

## 2025 Counselor in Training Application Form

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 (Please print neatly)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ [ ] Male [ ] Female T-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Please choose the weeks you are able to commit to the C.I.T. Program  
 (Wednesday Trip Fee: \$50 per week)

- [ ] Week One – Dates: June 23-June 27  
 [ ] Week Two – Dates: June 30-1-2-3 (\*4-day camp week due to holiday)  
 [ ] Week Three- Dates: July 7 – July 11  
 [ ] Week Four – Dates: July 14 – July 18  
 [ ] Week Five – Dates: July 21 – July 25  
 [ ] Week Six – Dates: July 28 – August 1  
 [ ] Week Seven- Dates: August 4 – August 8

Are there any identified health issues (including, but not limited to asthma, diabetes and epilepsy) you have that may need emergency treatment? [ ] No [ ] Yes (If yes, provide physician's statement)

Do you have any allergies that we should be aware of? [ ] No [ ] Yes (If yes, please list your allergies)

# Application Questionnaire

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

There are a lot of things to do this summer, why pick the CIT program? Whose idea was it?

What skills and qualities will you bring to the CIT program?

What do you think makes a good counselors?

Tell us about an experience at a camp that was particularly memorable to you and why?

What would you like to say that you got out of being a CIT when you have completed the Program?

What kind of experience do you have working with children ages 6-13 years old?

# 2025 Parent of C.I.T. Permission Form

Parents please fill out the following information in regards to your child’s application for the C.I.T. program.

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I give permission for **my child** \_\_\_\_\_ to be a C.I.T. for Camp Witzel during the weeks checked off above.

\_\_\_\_\_  
Parent Signature Date

In case you cannot be notified, please list (2) emergency contacts:

Contact #1 Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_

### Emergency Phone Numbers

Doctor’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Camp Release and Emergency Treatment Form

I give my permission for **my child** \_\_\_\_\_ to participate in the Camp activities including all field trips that the Parks & Recreation Department Camp(s) offers. I do assume all the risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnify, and save harmless, the Town of Bedford, the organizers of the activities, sponsors, and anyone connected with the program. I hereby waive all claims against the Town of Bedford, the Bedford School District and any of the supervisors of the recreation program. I agree to the unreserved use of my child’s name and/or photographs and/or videotapes FOR PUBLICIZING Camp activities.

Also, in the event that I cannot be reached in an emergency, I hereby give my permission to the licensed physician selected by the Camp Director to hospitalize, secure proper treatment, anesthesia, or surgery for my child.

\_\_\_\_\_  
Signature of Parent/Guardian Date