

ST. CHARLES PARKS & RECREATION DEPARTMENT
1900 RANDOLPH
ST. CHARLES MO 63301
WWW.STCHARLESPARKS.COM



Spring 2010

Thank you for your interest in the Summer Fun Day Camp “Counselor in Training” (CIT) program.

We are looking for CIT’s who are 15 years of age or will turn 15 by August 31, 2010.

Please complete the enclosed application and return it with at least two or more letters of recommendation from a teacher, counselor, or church official or someone other than a family member. We ask that the recommendation be accompanied by a phone number and the best time to return a call.

Address to:

St. Charles Parks & Recreation Department
1900 W. Randolph
St. Charles, MO 63301
Attn: CIT Application

After the application has been received and processed we will contact you. Thank you for your interest.

Sincerely,

Bob Fink
Recreation Coordinator

COUNSELOR IN TRAINING RECOMMENDATION (Request from 2 different non family members)

The below named candidate has applied for our CIT program for the St. Charles Parks & Recreation Department. Please complete and return to Attn: CIT Application, Camp Coordinators, St. Charles Parks Department, 1900 W. Randolph, St. Charles, MO 63301.

We thank you for your time and input.

CANDIDATES NAME _____

Please circle 1 thru 5 with 1 the lowest and 5 the highest.

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | Candidate is a responsible person. | 1 | 2 | 3 | 4 | 5 |
| 2. | Candidate gets along well with their peers. | 1 | 2 | 3 | 4 | 5 |
| 3. | Candidate works well with authority figures. | 1 | 2 | 3 | 4 | 5 |
| 4. | Candidate takes initiative to complete a task. | 1 | 2 | 3 | 4 | 5 |
| 5. | Candidate is prompt and ready to work at starting time. | 1 | 2 | 3 | 4 | 5 |
| 6. | Candidate is creative. | 1 | 2 | 3 | 4 | 5 |
| 7. | Candidate is respectful and considerate of others. | 1 | 2 | 3 | 4 | 5 |
| 8. | Candidate's maturity level. | 1 | 2 | 3 | 4 | 5 |

Please briefly describe why you feel this candidate would be an asset to our program.

Name _____ Position _____ Phone _____

Best time to contact: _____

COUNSELOR IN TRAINING APPLICATION
(CIT's)

NAME _____ BIRTH DATE _____

ADDRESS _____ ZIP _____

PHONE NUMBER _____

MOTHER'S NAME _____

FATHER'S NAME _____

Any medical conditions that we should be aware of? _____

Reason for interest in the CIT Program. _____

Have you ever attended summer camp? _____

Have you worked with younger children in any way? _____

Name of school and grade you attend. _____

Extra_curricular activities that you enjoy and have participated in. _____

Signature: _____ Date: _____