

**CORTE MADERA
PARKS & RECREATION DEPARTMENT
498 TAMALPAIS DRIVE
CORTE MADERA, CA 94925
(415) 927-5072 FAX: (415) 927-7138
EMAIL: recreation_dept@ci.corte-madera.ca.us
WEBSITE: www.ci.corte-madera.ca.us**

Hello Counselor In Training, (C.I.T.) applicant!

Thank you for taking an interest in the Counselor in Training Program with Corte Madera Parks & Recreation.

C.I.T.s are an important part of Summer Playground because they help the counselors with day to day tasks, which keeps the playground running smoothly and safely.

While the C.I.T.s do not get paid, they can use their volunteer hours towards middle and High School community service requirements.

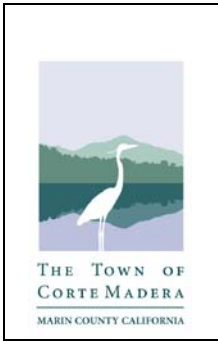
The program is for those who strive to become Summer Playground counselors, so we are looking for dedicated and hard working people to fill the positions.

All prospective C.I.T.s must be available the week of June 14th for training.

If you would like to be a part of the C.I.T. program, please read through and complete the enclosed materials. Application packets may be sent to:

Corte Madera Parks & Recreation
Attn: C.I.T. Program
498 Tamalpais Drive
Corte Madera, CA 94925

Thank you for your interest and good luck!



CORTE MADERA
PARKS & RECREATION DEPARTMENT
498 TAMALPAIS DRIVE
CORTE MADERA, CA 94925
(415) 927-5072 **Fax: (415) 927-7138**
EMAIL: recreation_dept@ci.corte-madera.ca.us
WEBSITE: www.ci.corte-madera.ca.us

The **Counselor In Training** program at Corte Madera Parks & Recreation

Rules & Guidelines

The C.I.T. program is for 13 to 15 year olds who want to gain experience towards becoming a Summer Playground counselor while earning community service hours.

The primary responsibility of a C.I.T. is to help the counselors.

Tasks will include, but not be limited to:

Organizing activity supplies, working at the check in/out desk, preparing and distributing snacks, monitoring facility perimeters, escorting kids to the Neil Cummins gym, Town Park and Main Hall (under counselor supervision), and activity set up and clean up.

Tasks will be monitored by counselors who will ensure that C.I.T.s are safely fulfilling their responsibilities.

To maintain the safety of everyone at Summer Playground, the following rules must be observed:

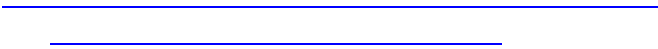
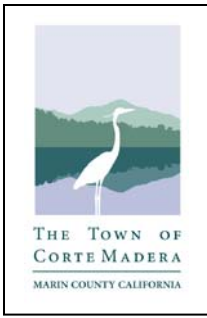
- 1. C.I.T.s must follow recreation staff and counselor direction, while being respectful at all times.**
- 2. C.I.T.s must follow the Summer Playground rules.**
- 3. C.I.T.s must remain on the premises during the times they are scheduled, which a parent/guardian has pre-approved with staff.**

The rules and guidelines have been established to ensure a safe and fun summer for everyone. C.I.T.s who disregard the rules will be dismissed from the program.

Remember, as a C.I.T. you are a role model to the children who attend the Summer Playground. Please be aware of your (good) behavior at all times.

I (print name) _____, by signing this form, acknowledge the Summer Playground rules and understand that failure to follow those rules can result in my dismissal from the program.

Signed, _____ Date _____



Corte Madera Parks & Recreation
2010 Summer Playground Counselor in Training
Application

Submission Deadline: June 10, 2010

All C.I.T.s must attend training & orientation during the week of June 14th.

C.I.T. positions with Corte Madera Parks & Recreation are limited. This is an application.

Applicant: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

If more space is needed for answers, please attach a separate piece of paper.

1. Other than "because I've been a C.I.T. before," why do you want to be a Counselor In Training?

CONTINUE ON PAGE 2



2. Besides "because I've been a C.I.T. before," what would make you a good C.I.T. this summer?

3. Do you have siblings attending Summer Playground this year? _____

5. Which location would you rather volunteer at? Town Park San Clemente

Why? _____

6. If you could not work the same time or days as your friends, would you still want to be a C.I.T.? _____

7. What hobbies and/or sports do you enjoy? _____

8. Besides coming to Summer Playground, what else are you doing this summer?

9. What is your least favorite word? _____

10. What is your favorite color? _____

11. What songs do you like right now? _____



**CORTE MADERA
 PARKS & RECREATION DEPARTMENT
 498 TAMALPAIS DRIVE
 CORTE MADERA, CA 94925
 (415) 927-5072 FAX: (415) 927-7138
 EMAIL: recreation_dept@ci.corte-madera.ca.us
 WEBSITE: www.ci.corte-madera.ca.us**

SUMMER PLAYGROUND 2010 C.I.T./VOLUNTEER CONTRACT

This contract is for a C.I.T./Volunteer to help at the Corte Madera Summer Playground. C.I.T./volunteers must have turned 13 years old before June 14, 2010.

C.I.T./Volunteer's Name _____ **D.O.B.** _____
 has my permission to attend the Summer Playground Program with the Town of Corte Madera Recreation Leaders between June 14-August 21, 2010 at the Town Park and/or San Clemente.

He/she will be a C.I.T./Volunteer at: Town Park _____ **San Clemente** _____ **Both Sites** _____
 I hereby make application to the Town of Corte Madera to allow my child, named above, to participate as a C.I.T./Volunteer.

Note: From time to time Recreation Leaders will take small groups (10-30) of children on a "local" trip, i.e. To the Corte Madera Firehouse for a tour, a hike over to "Dark Park" in Larkspur, to the Library, berry-picking, etc. These trips are all within 1-2 mile radius of Town Park. By signing this form you are granting permission for your child/children to participate in these short trips.

In consideration of acceptance of my application for my child's entry for an event, I hereby waive, release and discharge any and all claims for damages, death, personal injury, or property damage which I or my child may have, or which may have, or which may hereafter accrue to me or my child as a result of my child's participation in the said event. This release is intended to discharge in advance the promoters, sponsors, the promoting clubs, the officials, and any involved municipalities or other public entities (and their respecting agents and employees) from and against any and all liability arising out of or connected in any way with my or my child's participation in the said event, even though liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above, including their passive or active negligence.

I further understand that serious accidents occasionally occur in the events described above; and that participants in said events occasionally sustain mortal or serious injuries, and/or property damage, as a consequence thereof. Knowing the risks of said events, nevertheless, I, my child, and I on behalf of my child hereby agree to assume those risks and to release and hold harmless all the persons or entities mentioned above who (through passive or active negligence or carelessness) might otherwise be liable to me or my child (or to my child's heirs or assigns) for damages.

- In case of emergency medical services required, I understand and agree that my child can be treated by medical staff and taken to a medical facility if necessary.
- It is further understood and agreed that this waiver, release and assumption of risks is to be binding on me and my child's heirs and assigns.
- I and my child agree to accept to abide by the rules and regulations of the Town of Corte Madera and all other entities which have involvement in these events.

I agree to abide by all the rules at the Corte Madera Summer Playground. I understand that as a CIT/Volunteer some of my duties will be to assist staff with activities, play with the children, help to make snack, and to follow all Summer Playground rules. I understand that I can be dismissed from being a CIT/Volunteer for the Summer Playground at any time with no reason given.

Signature of C.I.T./Volunteer **Date**

Signature of Parent/Legal Guardian **Date**

CELL OR DAYTIME PHONE NUMBER () _____

PARENT/GUARDIAN: 1. _____

CELL PHONE: _____ OTHER _____

PARENT/GUARDIAN: 2. _____

CELL PHONE: _____ OTHER _____

HOME ADDRESS: _____

CITY _____ ZIP: _____ EMAIL: _____

1. CIT'S NAME

Does this C.I.T. have allergies, special needs, or an I.E.P. plan?

Yes No

Briefly explain: _____

FAMILY DOCTOR _____ **PHONE** _____

EMERGENCY CONTACT(S) OTHER THAN PARENT/GUARDIAN

1. FIRST & LAST NAME _____

CELL PHONE: _____ OTHER _____

2. FIRST & LAST NAME _____

CELL PHONE: _____ OTHER _____

PERSONS ALLOWED TO PICK MY C.I.T. UP FROM SUMMER PLAYGROUND:

First Name	Last Name	First Name	Last Name

**I authorize my child, _____
to sign him/her self out of Summer Playground as he/she chooses**

Parent/Guardian Signature: _____

Date _____