

January 2020



Dear Families and CITs,

Thank you for your interest in the YWCA Northern New Jersey Counselor In Training Program. The CIT program is the perfect opportunity for teens, interested in making a positive impact on children, to learn the skills it takes for possible future work as a camp or afterschool counselor. CIT's learn important life skills such as leadership development, teamwork, communication, management and cooperation

Participants can receive a community service letter upon completion.

Counselors-in-Training are seen as camp leaders and role models for all campers. The highest standards of conduct, attitude, and behavior are expected.

The CIT program is offered at two locations:

Camp Orinda –at Honiss Elementary School, 31 Depew Street, Dumont, NJ
and

Camp Ma-Kee-Ya at Camp Glen Gray, 200 Midvale Mountain Road, Mahwah, NJ.

Please complete the enclosed application and submit it with all requested information to magnello@ywcannj.org. Space is limited and CITs must register for a minimum of 2 weeks.

Please contact us or visit our website at www.ywcannj.org for details. We look forward to providing your child with a fun and exciting summer filled with memories that will last a lifetime.

Sincerely,

Daniela Pinto

Manager of Camp Programs

201-345-1905

201-345-1914

dpinto@ywcannj.org

Mary Agnello

Program Assistant

magnello@ywcannj.org

To better serve you in the future, please let us know how you heard about our camps.

Select one or more:

- Email Camp Fair Event Before/After School Programs Internet Newspaper
 Magazine Friend/Family Open House Other YWCamps2020 **promo code**
 Early Bird Special YWCamps Referral Program

CIT Application - Summer 2020

Name: _____ D.O.B: _____

I identify my gender as: _____

New Applicant Returning CIT (references not required)

Location: Orinda Ma-Kee-Ya

Camp Shirt Size Adult- S Adult-M Adult-L

1. What are your extra-curricular activities? (job experience, volunteer experience/community service, school activities, and summer programs)

2. Why are you interested in being a YWCA CIT?

3. What else would you like us to know about you?

Your signature attests that you have answered all questions honestly and that you will comply with all YWCA policies and guidelines. Your signature also gives permission for the camp to check references and work history. Any untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

Signature: _____ Date: _____

REFERENCES: Please have 2 people, **other than relatives**, complete the enclosed reference form, including at least one teacher or coach. Applications will not be considered until references are received.

Family Information/Communication

Parent/Guardian Name: _____ Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____

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Home Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____

Do parents live together? _____ **If no, with whom does the child reside?** _____

If parents are divorced / separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. Are there restrictions on pickups or visitation? No Yes – court order attached

Emergency Information/Communication.

If I am unable to pick-up or be reached regarding important matters pertaining to my child, I authorize these people to pick-up my child or answer questions.

Name: _____ Relationship to Child: _____
Daytime Phone: _____ Cell Phone: _____

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Daytime Phone: _____ Cell Phone: _____

Health Information

Please include copies of physical and immunization records. (Physical must be current within one year.)

Any Medical Issues/ Allergies? No Yes, describe: _____

If your child has allergies requiring medical treatment – please include care plan from your doctor.

***Medication must be sent on child’s first day (2 Epi-pens required) or child will not be permitted to attend camp.**

Any Learning / Behavioral issues? No Yes - describe and please include copy of latest IEP

Please use this space to tell us anything that may help your teen have a great CIT experience.

Registration and Payment Information

YW CAMPS	Camp Ma-Kee-Ya (Mahwah)	Camp Orinda (Dumont)	Pre-camp 7:30-8:30am	Post-camp 5:00-6:30pm
Week 1: June 29 – July 2 nd (closed 7/3/20)	\$164	\$164	\$0	\$0
Week 2: July 6 – July 10	\$205	\$205	\$0	\$0
Week 3: July 13 – July 17	\$205	\$205	\$0	\$0
Week 4: July 20 – July 24	\$205	\$205	\$0	\$0
Week 5: July 27 – July 31	\$205	\$205	\$0	\$0
Week 6: August 3 – August 7	\$205	\$205	\$0	\$0
Week 7: August 10 – August 14	\$205	\$205	\$0	\$0
Week 8: August 17 – August 21	\$205	\$205	\$0	\$0
Week 9 (Ma-Kee-Ya Only): August 24 – August 28	\$205	\$205	\$0	\$0
Sub-totals				
Membership & Registration Fee	\$75			
Total				

- Pre-camp (7:30am - 8:30am)** **Location:** Orinda Bethany Community Center
 Post-camp (5pm - 6:30pm) **Location:** Orinda Bethany Community Center

PAYMENT TYPE (Please select payment option)

Electronic Fund Transfer (EFT) – Voided Check must be provided.

Credit Card: American Express Discover MasterCard Visa

Name as it appears on card: _____ Daytime phone: _____

Billing Address for this card: _____

Card number: _____ Expiration date: _____ Security Code: _____

I hereby authorize the YWCA Bergen County to charge my credit card for my child(ren)'s summer camp tuition.

Signature: _____ **Date:** _____

Membership, registration and weekly fees are non-refundable - \$25 processing fees for change

Bus Information

Please indicate am/pm bus stops for Camp Ma-Kee-Ya registrants.

Bus Stops for Camp Ma-Kee-Ya	Honiss School Camp Orinda (Dumont)	Bethany Community Center (Washington Twp)	Christian Reformed Church (Ridgewood)	Mahwah High School (Mahwah)	Doug Parcels Athletic Complex - DPAC (Oradell)	Englewood Makay Park (Englewood)
AM	<input type="checkbox"/> 7:45am	<input type="checkbox"/> 8:00am	<input type="checkbox"/> 8:20am	<input type="checkbox"/> 8:25am	<input type="checkbox"/> 8:00am	<input type="checkbox"/> 7:30am
PM	<input type="checkbox"/> 5:45pm	<input type="checkbox"/> 5:30pm	<input type="checkbox"/> 5:10pm	<input type="checkbox"/> 5:05pm	<input type="checkbox"/> 5:30pm	<input type="checkbox"/> 6:00pm

Please indicate by checking am/pm bus stops for Camp Orinda registrants.

Bus Stops for Camp Orinda	Bethany Community Center (Washington Township)	Doug Parcels Athletic Center - DPAC (Oradell)	Christian Reformed Church (Ridgewood)
AM	<input type="checkbox"/> 8:20am	<input type="checkbox"/> 8:30am	<input type="checkbox"/> 8:00am
PM	<input type="checkbox"/> 5:10pm	<input type="checkbox"/> 5:00pm	<input type="checkbox"/> 5:30pm

FOR WEEK 9 ONLY

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YWCA Permissions and Waiver

Yes, you have permission to use **my / my child's photo/video** in YWCA Northern New Jersey communications, marketing and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

No, you do not have my permission.

Yes, I give permission for YWCA Northern New Jersey to transport my child to and from summer camp for daily transportation, swim lessons or field trips as applicable. I understand that the transportation will be appropriately supervised. I understand that the YWCA Northern New Jersey and its employees assume no liability in case of an accident outside of our authority.

Yes, the child named on this contract is in good health and is able to fully participate in all activities offered at YWCA summer camps. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp to provide needed care including any resuscitation efforts and emergency room care.

Yes, I have read, fully understand and accept this release, hold harmless and waiver. I agree to release and hold harmless YWCA Northern New Jersey and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. You further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Northern New Jersey or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

Yes I have read this entire application and I agree to abide by all terms and regulations.

CIT Name _____ Camp: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Telephone No: _____
Email: _____

Parent/ Guardian Name: _____
Signature: _____

Counselor-In-Training Reference Request

_____ has applied for the YWCA Summer Camp Counselor-In-Training program and has given your name as a reference.

Have you had the opportunity to observe the applicant interacting with school-aged children? If so, what kind of setting?

Have you observed the applicant in leadership situations? Please comment on those observations.

How would you describe the applicant's character, temperament and maturity, how well do they interact with others?

How would you rate the applicant's potential for working with children in a summer camp?

How does this individual model a healthy lifestyle? (e.g., health and nutritional habits; attitudes toward smoking, alcohol, and drugs; physical fitness; attitudes about self and others; community involvement; environmental awareness)

If we have questions, may we contact you? Yes No If yes, please indicate your telephone number and the best time to reach you: Phone: _____ Best Time to Call: _____

Print Name: _____

Signature of Reference

Position / Title

Organization

Date

Thank you for your assistance in helping to evaluate this individual!



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