

WEST HARTFORD HUMAN & LEISURE SERVICES
Veterans Memorial Skating Rink
56 Buena Vista Rd., West Hartford, CT 06107

BUENA VISTA RECREATION CAMP 421315
COUNSELOR IN TRAINING APPLICATION

PLEASE TYPE OR PRINT

DATE: _____

Position Applying for: Counselor in Training

Name: _____ DOB: _____

Address: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

EDUCATION:

School: _____
Name Address Grade Entering in September

ACHIEVEMENTS:

List any awards, honors, extracurricular activities, or certificate of achievements that you have received: _____

VOLUNTEER AND COMMUNITY SERVICE HISTORY:

1. Volunteer Agency: _____ Supervisor's Name: _____

Employer's Address: _____ Phone #: _____

Position: _____ Employment Dates: From: _____ To: _____

Volunteer Agency: _____ Supervisor's Name: _____

Employer's Address: _____ Phone #: _____

Position: _____ Employment Dates: From: _____ To: _____

Have you ever been dismissed from a volunteer job? Yes No If yes, please explain _____

*Please list references we have your permission to contact:

1. _____
Name Address Phone #

2. _____
Name Address Phone #

3. _____
Name Address Phone #

AVAILABILITY:	DATES: Beginning _____		Ending _____				
DAYS:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIMES:	_____	_____	_____	_____	_____	_____	_____

ABILITIES:

◆ **SKATING:** Excellent _____ Above Average _____ Average _____ Weak _____

◆ **SWIMMING:**
Competitive swimming, synchronized swimming or springboard diving experience? _____

◆ CERTIFICATION:		EXPIRATION DATE
Lifeguard Training	Yes _____ No _____	_____
Red Cross Water Safety Instructor	Yes _____ No _____	_____
Ellis & Associates NPWPL License	Yes _____ No _____	_____
Red Cross CPR/BLS Certificate or Equivalent?	Yes _____ No _____	_____
Red Cross First-Aid Certificate or Equivalent?	Yes _____ No _____	_____

◆ Describe previous experience with children (and please include ages). _____

◆ Describe any camp experience you have had. _____

◆ List any special skills, interests, experiences that may be useful at camp. _____

- Why are you applying to become a CIT and work for the Department of Leisure Services? _____

- What benefits do you hope to gain from this experience? _____

- Any additional comments or pertinent information you wish to add. _____

I hereby certify the above information is true and correct.

Signature _____ Date _____

Please Email completed application to Celeste.Cumming@westhartfordct.gov