



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

C.I.T PROGRAM

**SUMMER DAY CAMP
COUNSELOR in TRAINING PROGRAM
YMCA OF SOUTHWEST IL**



General Information
Application
Questionnaire
References
Background Check
Health Report
Job Description
Code of Ethics

www.ymcaswil.org



- YMCA of Southwest Illinois -
SUMMER DAY CAMP 2011
COUNSELOR IN TRAINING
General Information

The purpose of a Counselor in Training program is to provide leadership training for youth who love working with children in a camp environment and who are interested in future camp counseling. The program will provide C.I.T.s with hands on experience working with young campers and the opportunity to cultivate their skills & knowledge in the day camp setting and have a close involvement with the natural environment. These are life skills experiences that help develop the whole person and will help youth to realize their potential.

- C.I.T.s must be available to attend all trainings & be available to volunteer at least a minimum of 1 week.
- The program fees help to cover their uniforms and training materials.
- The application packet must be filled out completely and mailed to the YMCA Branch. Drop off or send the application packet to the Godfrey Parks and Recreation Department or the Collinsville, Maryville, Troy YMCA branch.
- Your teen will receive a call for an interview if they have completed the entire packet. Please note not everyone that is interviewed for the program will be accepted.

Application Packet includes the following:

- Application
 - Questionnaire
 - 3 Requests for References
 - Background Check
 - Health Report
 - Copy of the Job Description
 - Code of Ethics
-
- C.I.T.s should reflect positive, healthy lifestyles and habits, which similarly encourage youth and dissuade them from any form of substance abuse.
 - C.I.T.s should show respect for family values through wholesome language, topics for discussion & actions.
 - C.I.T.s provide guidance to youth using positive reinforcement and encouragement in a noncompetitive, noncritical atmosphere.
 - C.I.T.'s should model good behavior and should be active in exhibiting leadership skills.
 - C.I.T.s provide direction to youth, when needed, regarding appropriate self-discipline for effective participation through positive guidance, explanation and encouragement, with no physical or psychological condition.
 - C.I.T.s should show concern for youths' health by not participating when you have a fever, contagious illness, or possibly harmful physical or psychological condition.



- YMCA of Southwest Illinois -
SUMMER DAY CAMP 2011
COUNSELOR IN TRAINING
 APPLICATION

| Student's Information | | |
|--|-----------------------|-------------------------------|
| Name: | | Nickname: |
| Address: | City: | Zip: |
| Home Phone: | Birthday ___/___/___ | Grade Enter in the Fall: |
| Parent/Guardian Information | | |
| Parent(s) Name: | | |
| Home Phone | | |
| Work Phone (s) | | |
| Cell Phone/Pager | | |
| Certifications | | |
| ___ CPR | ___ First Aid | ___ Other |
| Skills & Knowledge | | |
| Please check all activities in which you can assist in teaching: | | |
| ___ Backpacking | ___ Hiking | ___ Team Challenge Course |
| ___ Soccer | ___ Softball | ___ Volleyball |
| ___ Basketball | ___ Dance | ___ Cooking |
| ___ Skits/Drama | ___ Storytelling | ___ Crafts |
| ___ Group Games | ___ Outdoor Education | ___ Group Initiative Problems |
| Are you a musician? ___ Yes ___ No | | |
| ___ Vocal | ___ Instrumental | Type of Instrument _____ |

In order to complete the application process, we must have 3 written reference letters returned to the Camp.

I certify that all information herein is true and represents me clearly.

Applicant Name: _____

Date: _____

Parent/Guardian Signatures

Name: _____

Date: _____

Name: _____

Date: _____

Counselor – In – Training Questionnaire

1. Tell me about yourself. (i.e. likes/dislikes, family/friends, etc)
2. There are a lot of different things you could do this coming summer. Why pick this? Why do you want to be a C.I.T.?
3. Describe your leadership experiences and abilities.
4. Besides family members, who do you believe has had the most effect or influence on the kind of person you are right now? Why?
5. Why do you want to work with kids? What ages? Experiences?
6. What do you believe a good role model for campers is?
7. What is an example of something that you are proud of that you were able to do because of hard work and being responsible?
8. What three words describe you?
9. Why do you think you would make a good C.I.T.?
10. What would you like to say you got out of being a C.I.T when you're done with the program? What would you like to be better at doing? Why?



- YMCA of Southwest Illinois -
SUMMER DAY CAMP 2011
COUNSELOR IN TRAINING
Request for Reference

_____ as applied for a position as a counselor-in-training at _____
(Name of Applicant) (Name of YMCA/Camp)

Your assessment of his/her abilities in the following areas would be greatly appreciated.

| |
|---------------------------|
| Sense of humor: |
| Initiative: |
| Dependability: |
| Working with peers: |
| Leadership abilities: |
| Communication: |
| Flexibility: |
| Skills in outdoor living: |
| Working with Children: |
| Enthusiasm: |

How long and in what capacity have you known the applicant?

Does the applicant have any physical limitations that may interfere with his/her performance as a CIT? Explain

Additional Comments:

Signed _____ Date _____



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| Working with Children: |
| Enthusiasm: |

How long and in what capacity have you known the applicant?

Does the applicant have any physical limitations that may interfere with his/her performance as a CIT? Explain

Additional Comments:

Signed _____ Date _____

Illinois Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

| | | | | |
|----------|---|---|---|---|
| 1 | CHECK ONE BOX IN EACH SECTION A AND B: | | | |
| | A <input type="checkbox"/> Applicant/Operator (Person[s] applying to operate a child care facility) <input type="checkbox"/> Executive Director | <input type="checkbox"/> Member of Household (age 18 and over) | <input type="checkbox"/> Member of Household (ages 13 to 17) | <input type="checkbox"/> Employee/Volunteer of Household (foster care, day care or group day care home) |
| 2 | B <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Day Care Home <input type="checkbox"/> Group Day Care Home <input type="checkbox"/> Group Home <input type="checkbox"/> Day Care Agency <input type="checkbox"/> Day Care Center <input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Child Care Institution/Maternity <input type="checkbox"/> Youth Emergency Shelter <input type="checkbox"/> Adopt Only Home <input type="checkbox"/> Center | | | |

| PERSONAL INFORMATION | | | | | | | | | | | |
|---|-------|------------------------------------|--|---|-------------------|--|-----------------|-----------------|--------------|-------|--|
| Last Name/First Name/Middle Initial | | | | | | Social Security Number | | | | | |
| Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) | | | | | | I am or will be a foster family household member. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | | | | | I am or will be transporting foster children. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | | | | | If <u>both</u> statements are yes, list your Drivers License number here: | | | | | |
| | | | | | | _____ | | | | | |
| CURRENT ADDRESS AND TELEPHONE: | | | | | | Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Street/Apt.#: _____ | | | | | | List all previous addresses for the past five (5) years. | | | | | |
| City: _____ State: _____ | | | | | | (Street/Apt.#/City/County/State/Zip Code) Dates | | | | | |
| Zip Code: _____ County: _____ | | | | | | From/To | | | | | |
| Telephone (Including Area Code) | | | | | | _____ | | | | | |
| (_____) _____ | | | | | | _____ | | | | | |
| Date of Birth (Month/Date/Year) | Age | Place of Birth (City and State) | Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other, Specify | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Height Ft. In. | Weight (lbs.) | Hair (color) | Eyes (color) | Skin Tone | Race | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | |

| AUTHORIZATION /CERTIFICATION | |
|--|---|
| Have you ever been convicted of other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to either of the above is yes, explain: _____ _____ I certify that I have read and understood the Authorization/Certification box on the back page of this form. | |
| 3 | SIGNATURE _____ DATE _____ |
| BACKGROUND RESULTS Sex Offender Clearance: _____ CANTS Clearance: _____ Illinois State Police Clearance: _____ FBI Clearance: _____ Transfer Clearances: SO/CANTS: _____ ISP: _____ | FOR CENTRAL OFFICE OF LICENSING USE SID# _____ Clear _____ Record _____ BC-03 Registered: _____ FBI Sent Out: _____ Valid Driver's License: Yes _____ No _____ |

| TO BE COMPLETED BY SUPERVISING AGENCY | |
|---|--|
| This authorization form will not be processed without completion of this section. | |
| 4 | Date Fingerprinted: _____ Full Name of Facility _____ Provider ID # _____ Street Address: _____ City _____ IL ZIP: _____ |
| | Supervising Agency: _____ Provider ID# _____ Name _____ Or DCFS Region/Site/Field _____ Name of Licensing Worker _____ Worker ID# _____ (_____) _____ Phone Number of Licensing Worker _____ |

INSTRUCTIONS FOR COMPLETION OF CFS 718 - AUTHORIZATION FOR BACKGROUND CHECK

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a child care facility, or be employed by or volunteer in a foster care, day care or group day care home.

SECTIONS 1, 2 AND 3 — COMPLETION OF IDENTIFICATION INFORMATION

DCFS or private agency licensing worker must instruct every person subject to a background check to complete the first three sections identifying the type of facility and what role they will have at the facility and all personal information. All identifying information must be accurate and complete.

PRINT ALL INFORMATION

Name Current and all former names used by the individual must be included. If no other names, write "none." Social Security No.

THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY NUMBER. Address Current and all addresses, including county, where the person has lived in the past five years (If outside of Illinois, check appropriate box)

Race: Enter all codes that apply:

BL/AA Black or African American, ASIAN: Asian

HISP ORG: Indicate whether the individual is of Hispanic origin

NH/PI Native Hawaiian or Other Pacific Islander

WHITE: White

UNDET: Undetermined

AI/AN American Indian or Alaskan Native

Each Person must answer the question "Have you ever been convicted of other than minor traffic violation?" If yes, an explanation must be provided --- complete with date of the incident(s).

The person completing the identification information must sign and date page 1 of the authorization form.

SECTION 4 - DCFS/PRIVATE AGENCY LICENSING WORKER

The Authorization for Background Check must be submitted to the licensing worker for completion of Section 4 and for forwarding to the DCFS Central Office of Licensing. The licensing worker must check the form for completeness and accuracy, confirm that the person (if age 18 or older) has been fingerprinted, and verify the correct spelling of names alongside a form of identification, such as a driver's license or photo ID. The licensing representative must complete the following:

Name of Facility The full name which appears on the license application or the license. (DO NOT USE ACRONYMS) Street/City/Zip

The site of licensed facility where person is licensed or employed.

Provider ID # The Provider ID # is required. (The number which appears or will appear on the license certificate for the facility.)

DCFS Region/Site/field The DCFS Region/Site/Field.

Supervising Agency Print the name and Provider ID# of Agency which will supervise the facility.

AUTHORIZATION/CERTIFICATION

I authorize the Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search the Child Abuse and Neglect Tracking System to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. If I am or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. The child abuse and neglect background check and the criminal history investigation may be used for considering an application for license, current or prospective employment, or service as a volunteer in a child care facility. Persons 13-17 years of age signing this form authorize a search of CANTS and LEADS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential and may be shared with my employer, prospective employer or with licensing staff only in accordance with applicable state and federal law and DCFS Regulations. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny my application for licensure or may result in the termination of my employment.



- YMCA of Southwest Illinois -
SUMMER DAY CAMP 2011
COUNSELOR IN TRAINING
 Camp Health Report
 2011

Participant Information

Child's Name: _____ Nickname: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: (____) _____ Grade Entering in the fall: _____

Parent/Guardian Information

Mother/Guardian's Name: _____ Home Phone: (____) _____
 Address (if different): _____ City: _____ Zip: _____
 Employed by: _____ Business Phone: (____) _____
 Mother's Email Address: _____ Cell Phone/Pager: (____) _____

Father/Guardian's Name: _____ Home Phone: (____) _____
 Address (if different): _____ City: _____ Zip: _____
 Employed by: _____ Business Phone: (____) _____
 Father's Email Address: _____ Cell Phone/Pager: (____) _____

Marital Status of Parents: _____ Married _____ Not Married

If not married who has custody of your child? _____

In the case of an emergency, either parent may be contacted unless custodial documentation on file states otherwise

HEALTH HISTORY

Please indicate in the appropriate area if your child had or has any of the following:

| Diseases | Medical | Allergies | Adaptive Equipment |
|---------------------|--------------------------|--------------------|---------------------------|
| ____ Kidney Trouble | ____ Ear Infection | ____ Hay Fever | ____ Glasses |
| ____ Heart Trouble | ____ Rheumatic Fever | ____ Poison Ivy | ____ Hearing Aid |
| ____ Diabetes | ____ Seizures | ____ Insect Stings | ____ Wheelchair |
| | ____ Physical Disability | ____ Penicillin | ____ Communication Device |
| | | ____ Other | ____ AFO's or Crutches |

Does your child have an IEP? _____ YES _____ NO

Does your child have a behavior management plan? _____ YES _____ NO



YMCA of Southwest Illinois

Job Description



Position Title: *C.I.T. (Counselor in Training)*

Revised: February 2008

GENERAL FUNCTION:

In accordance with Christian principles of the YMCA, the incumbent is responsible for providing a quality camp environment while role modeling, practicing and carrying out the “Y” values of Caring, Honesty, Respect & Responsibility.

ENTRY REQUIREMENTS:

Must be 13-15 years old. Desire some experience in a day camp setting and working with children ages 6-12. Must be able to work 1 week of the program.

JOB REQUIREMENTS:

A positive attitude and ability to work independently and as a team member. Self-motivation to serve and to learn. Ability to assist in planning and executing activities. Maintain good control of selves at all times ensuring that the established guidelines are followed. Must pass First Aid & CPR.

PHYSICAL REQUIREMENTS:

Physically able to assist in executing planned activities throughout day camp. Patience to deal with many challenges the children/camp day may bring. Sound judgment for dealing with daily issues. Handle problem solving and deal with children of all socioeconomic levels.

GENERAL JOB SEGMENTS:

1. Assist counselor in all planned activities within assigned group. Lead assigned group in one activity each session. Assist counselor in planning weekly activities.
2. Maintain program areas in a clean & neat manner.
3. Communicate any problems or questions to counselor or Camp Director.
4. Actively participate in all of the camp activities.
5. Follow all the appropriate guidelines established by the YMCA.
6. Assume an equal share of the regular housekeeping chores.
7. Be alert at all times, keeping in mind that the safety of the program participants is your responsibility.
8. Develop a good working relationship with camp and YMCA staff
9. Other related duties as assigned.
10. Perform all duties with caring, honesty, respect & responsibility.

RESPONSIBLE TO:

1. Directly responsible to the Counselor & Camp Director.
2. Ultimately responsible to the Camp Director & Program Director.

(Print Name)

(Signature)

(Date)



- YMCA of Southwest Illinois -
SUMMER DAY CAMP 2011
COUNSELOR IN TRAINING
CODE OF ETHICS

YMCA staff & volunteers help youth form values for life and serve as their role models. Therefore, it is important for all representatives of the YMCA to conduct themselves in exemplary manners. In the presence of YMCA participants, you are asked to:

- ❖ Reflect positive, healthy lifestyles and habits, which similarly encourage youth and dissuade them from any form of substance abuse.
- ❖ Show respect for family values through wholesome language, topics for discussion and actions.
- ❖ Provide guidance to youth using positive reinforcement and encouragement in a noncompetitive, noncritical atmosphere.
- ❖ Provide direction to youth, when needed, regarding appropriate self-discipline for effective participation through positive guidance, explanation and encouragement, with no physical or psychological condition.
- ❖ Show concern for youths' health by not participating when you have a fever, contagious illness, or possibly harmful physical or psychological condition.

Also, please be informed that all staff and volunteers who work with YMCA youth are subject to background checks and child abuse screenings.

YMCA staff & volunteers who violate the Code of ethics are subject to removal or dismissal.

COUNSELOR IN TRAINING'S SIGNATURE: _____