



TOWN OF MONROE

PARKS & RECREATION DEPARTMENT

7 Fan Hill Road
Monroe, CT 06468
Phone: 203-452-2806
www.MonroeRec.org



Monroe Parks and Recreation
Wolfe Park * Masuk Pool * Lake Zoar * Webb Mountain Camping

(Fill in completely & type or print clearly)

You must be 14 years of age by June 1, 2022. If accepted into this program you will be required to provide documentation to confirm this. **PLEASE NOTE THERE IS A \$35 PROGRAM FEE PER WEEK. Once chosen to be a CIT you will be required to register on the CIT program page at www.MonroeRec.org.**

Name: _____ Email _____

Full Address: _____

Telephone #: _____ Cell Phone #: _____

School Attending in Fall 2022: _____

1. What groups or organizations do you belong to (include all sports, drama, academic clubs, etc.)

2. State any experience you have had instructing or supervising the play of children three to twelve years of age (include school courses and certifications).

3. Do you like to swim? _____ If not, would you prefer to be assigned to an area that does not require being in the water? _____

4. What non-recreational activities do you participate in (i.e. hiking, theater, skateboarding)?

5. State three characteristics a good leader should possess.

1. _____ 2. _____ 3. _____

6. What do you hope to gain from the CIT experience if you are chosen this summer?

7. Do you have any physical limitations that would preclude you from playing active games with children?

_____ If so, Explain _____

8. Is transportation to a site a problem? _____ If yes, explain: _____

9. Are you planning to go on any vacations or on long weekends this summer that may interfere with your commitment? _____ If so, please specify the dates: _____

10. How did you hear about our program? _____

11. State three references (two personal and one academic).

Name: _____ Type: _____ Phone #: _____

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I hereby certify that the above information is true and correct to the best of my knowledge. Providing false information or no information may be grounds for rejection of application or termination of the CIT experience. I also understand the nature of this type of work and that this type of work takes commitment. If I am selected, I will be committed to the full length of the camp sessions that I am assigned too.

Signature: _____ Date: _____

Release (Please read carefully): I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the Town of Monroe, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Monroe Parks and Recreation Department. *I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork etc. by the dept for flyers, presentations etc.* Additional paperwork will be given and filled out, which will be required to be returned if selected.

Refunds must be submitted in writing. They will be prorated and \$10 processing fee is withheld from each program withdrawal. The balance will be applied to your household account to use for a future program. If the refund is due to medical reasons, a full refund will be issued as long as your request is accompanied by a doctor's note.

Parent/Guardian Signature: _____ Date: _____

Note to all applicants: All accepted applicants will be granted an interview and must bring a completed CIT Reference Form from one of his or her teachers on the day of the interview (see attached).

Deadline for applications is May 13, 2022

Monroe Parks and Recreation Department "COUNSELOR IN TRAINING" REFERENCE FORM

(Applicant's Name) _____
 has applied to be a Counselor in Training (CIT) with the Monroe Parks and Recreation Department. So that the application may be given proper consideration, your help is needed in completion of this reference form. I hereby release from all liability the company or person below, and authorize the release of all information regarding my relationship/employment with them.

 Applicant's Signature

 Date

PLEASE COMPLETE ALL APPLICABLE INFORMATION

 Name of Reference

 Day Phone

 Address

 City

 State Zip

1) In what capacity have you known the applicant? _____

2) For how long? _____

3) How would you rate this individual's character? Please explain _____

4) What are the first words that come to your mind to describe this applicant? _____

RATING

How would you rate this applicant in terms of: (Please check)

No basis		Below Average	Average	Good (above average)	Very Good	Excellent	Outstanding
	Academic achievement						
	Dependability						
	Personal qualities and character						
	Creativity						
	Motivation						
	Maturity						
	Leadership ability						
	Concern for others						
	Respect for others						

I would recommend this applicant: With Reservation Fairly Strong Strongly Enthusiastically