



Mashpee Recreation

Counselor in Training Program

Summer Camp 2024

<u>Program Dates:</u>	June 24th - August 16th (8 weeks)
<u>Eligible:</u>	Students entering 8 th or 9 th Grade in the Fall of 2024
<u>Location:</u>	Quashnet Elementary School
<u>Hours:</u>	Program runs Monday through Friday from 8:30 a.m. to 4:30 p.m.
<u>Cost:</u>	No cost however, there is a minimum 4 week commitment

How to Apply: All applicants must:

- Complete this application form for Counselor In Training
- Go to mashpeerec.com and download, print and fill out the Summer Camp Registration Form. Please note that medical and immunization records as well as a current photo are required
- Submit a one paragraph recommendation letter from a teacher, coach or other community member stating why this applicant would be a good candidate for The Mashpee Recreation Summer Camp CIT Program
- Submit a one paragraph essay describing your experience working with or caring for children and stating why you would like to be a counselor in training
- Complete an interview with Recreation Department/Summer Camp personnel
- Submit all required information by Monday, May 6th

Program Content:

Our CIT Program is open to teens entering the 8th and 9th grades in the Fall of 2024. Our CIT participants must be responsible, hard-working and cooperative team members. They must be able to work with children, take direction and engage in both indoor and outdoor activities. The CIT Program will be led by Veteran Summer Camp Counselors who will act as mentors to our CITs as they grow and learn throughout the summer.

Responsibilities:

Each CIT will be assigned to work with a group of children varying in ages from 5-12 years old under the direction of certified summer staff counselors. CITs will be asked to lead and support various activities including sports/games, swimming, arts and crafts, talent shows, music, playground games and more. Daily team meetings with lead counselors and CITs will discuss strategies, create games and activity projects, set goals and ask questions as well as help staff with these groups on a daily basis.

*Please complete both the Mashpee Summer Camp Application and the CIT Application. Submit these in person at the recreation office along with your reference letter, personal essay, immunization/medical records and a recent photo. Incomplete or late registrations will **NOT** be accepted under any circumstance. Our office is located at 520 Main Street, Rte. 130. Our hours are Monday through Friday from 8:30 a.m. -4:30 p.m. Applicants will be notified of their acceptance by May 20th. Please check your email regularly for important notifications.*

Applications are due by Monday, May 6, 2024

Decisions will be made by Monday, May 20, 2024



2024 Counselor in Training Program Application

NAME _____ Date of Birth _____

Grade in Fall 2024 _____ E-Mail: _____

**** (Please check your email regularly for important notifications) ****

Address: _____

City, State Zip Code: _____

Home Phone: _____ Cell phone: _____ Cell Carrier _____

Parent/Guardian Name: _____

Parent Email: _____ Parent Cell# _____

Emergency Contact: _____ Cell # _____

Would you be able to attend a pre-session orientation meeting? YES NO
(Date and time TBD)

Which sessions are you available for? (Minimum 4 weeks)

- | | |
|---------------------------------------|--------------------------|
| Week 1 - June 24- June 28 | Week 5 - July 22 –26 |
| Week 2 - July 1- July 5 (No camp 7/4) | Week 6 – July 29– Aug. 2 |
| Week 3 - July 8 –12 | Week 7 - August 5 – 9 |
| Week 4 - July 15 –19 | Week 8 - August 12 -16 |

Which **THREE** camp activities would you most like to be involved with? (Please circle)

- | | | |
|--------------|--------------|---------------------|
| Swimming | Art & Crafts | Dance/Theater |
| Archery | Drama | Outdoors |
| Tennis | Music | Science Exploration |
| Field Sports | Nature | Games/Playground |

Applicant Signature _____ Date: _____

Parental Agreement:

I hereby give consent for my child to participate in the CIT Program at the Mashpee Recreation Summer Camp Program if selected.

Parent/Guardian Signature: _____ Date: _____ - _____