

## Counselor-in-Training (CIT) Application Instructions

**JOB DESCRIPTION - COUNSELOR-IN-TRAINING (CIT):** All applicants for the position of Counselor-in-Training (CIT) must be an Orthodox Christian and at least 17 years old. The goal of the CIT program is to give the opportunity to learn and experience the responsibilities of being a counselor at Camp Transfiguration. The CIT will work with an assigned counselor, living in a cabin with campers. The CIT must be willing to accept guidance and supervision from their assigned counselor.

**COUNSELOR-IN-TRAINING (CIT) SELECTION:** CITs are assigned to a veteran counselor and are delegated responsibilities in the supervision of younger Campers, for which they are compensated by receiving free room and board. The deadline to apply to be a CIT is Monday May 3rd 2010. There are limited spaces available for CIT. CIT selection is based on their application, references, skills, and prior camping experience, which includes campers.

**CIT REFERENCES:** Three reference forms must be completed; one by your parish priest, and two to be completed by non-relative adults (teachers, coaches, employers, etc...) who have knowledge of your suitability for the position you are applying for. It is your responsibility to either collect then include in your application the completed and sealed references or to ensure that they are sent to the camp's Administrative Address by the deadline date of Monday May 3rd 2010. Please carefully follow the instructions given on the reference forms.

**REGISTRATION:** For a CIT to be registered, we **must** receive a:

- Fully-completed Registration Form,
- A 1-2 page essay
- Reference completed by your parish priest and 2 non-relatives
- A recent picture of yourself (passport sized), attached at the top right of the application form
- A photocopy of any relevant certification (CPR, Life Guarding, etc.)
- Completed Medical Form

**Deadline for registration is Monday May 3rd**, while spots are available.

**REGISTRATION CONFIRMATION:** **Notification will be sent out on or before Monday May 31, 2010.** If your teenager is selected, they will receive a confirmation email and a link to download the Camper/Parent Packet to assist you and your teenager in the preparation for camp. **Note: All correspondence and materials sent to you will be done via email, in order to reduce the camp's sending costs, so please fill-out your email information clearly.**

**DURATION:** CITs are expected to attend the entire Training weekend, (Friday June 4 to Sunday June 6) and the entire camp week of either sessions one or session two, or both sessions. Session dates are: Session 1 - August 13 to August 21; Session 2 - August 21 to August 29. Anticipated absences must be requested in writing with this application. Emergency leave of absences during camp are granted at the discretion of the Camp Director. 1<sup>st</sup> session counselors should depart by 3pm on Saturday August 21<sup>st</sup>. 2<sup>nd</sup> session counselors should arrive by 5pm on the Saturday August 21<sup>st</sup>.

**CANCELLATION:** We appreciate prompt notification if a CIT must cancel; this way we can find a replacement for the available position.

**INSURANCE:** All CITs must be covered by their family policy and/or Provincial Health Insurance Plan. Private health insurance card or Provincial Health cards (no photocopies) must be submitted to the camp at time of check-in. The cards will be placed in a secure location and will be returned to your teenager at check-out.

**MEDICAL INFORMATION:** The Health form must be filled out in its entirety, and submitted along with the registration form. This information is kept confidential and will be reviewed by the camp nurse ahead of time in order to prepare her for camp. This information is kept confidential.

**TRANSPORTATION:** The Camp provides round-trip ground transportation for campers arriving by air, bus or train. Campers are met at the gate upon arrival and escorted back to the gate for departure by a uniformed staff member. Please contact the camp before making any travel arrangements.

**CONDUCT:** All CITs are expected to act in ways appropriate to an Orthodox Christian setting. While disciplinary action will be taken to attempt resolution on site, the Camp Director reserves the right to dismiss CITs for gross violations of camp rules. Parents will be responsible for arranging and covering costs for their teenager's early departure.

**ADMINISTRATIVE MAILING ADDRESS: Please Note:** Mail all camp material (including registration, medical forms, transportation forms, etc) to the following address:

**Camp Transfiguration c/o 41 Catherine Place, Dollard des Ormeaux, Quebec, Canada H9G 1J4**

# Camp Transfiguration



## Administrative Mailing Address:

c/o 41 Catherine Place  
Dollard des Ormeaux, Quebec, Canada H9G 1J4  
Email: [info@camptransfiguration.org](mailto:info@camptransfiguration.org)  
[www.camptransfiguration.org](http://www.camptransfiguration.org)

## CIT Registration Form 2010

### CIT INFORMATION

NAME: \_\_\_\_\_  MALE  FEMALE  
First Name MI Last Name

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL: \_\_\_\_\_  
Month Day Year

ADDRESS: \_\_\_\_\_  
(Street, include Apt. number) City Prov./State Postal/Zip Code Country

FATHER'S NAME: \_\_\_\_\_ FATHER'S EMAIL: \_\_\_\_\_

FATHER'S HOME # (include area code) WORK # (include area code) CELL# (include area code)

MOTHER'S NAME \_\_\_\_\_ MOTHER'S EMAIL \_\_\_\_\_

MOTHER'S HOME # (include area code) WORK # (include area code) CELL# (include area code)

PARISH NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATION TO CIT: \_\_\_\_\_

EMERGENCY PHONE# DAY: (\_\_\_\_) \_\_\_\_\_ EVENING: (\_\_\_\_) \_\_\_\_\_

PLEASE SELECT THE SESSION YOU WOULD LIKE TO ATTEND:

Session 1 (Aug. 13 – Aug. 21) Session 2 (Aug. 21 – Aug. 29) Session 1 and Session 2

T-SHIRT SIZE: ADULT: \_\_\_\_\_ LANGUAGE SPOKEN: \_\_\_\_\_  
 S  M  L  XL  ENGLISH  FRENCH  ARABIC OTHER: \_\_\_\_\_

### PREVIOUS CAMP EXPERIENCE

Name \_\_\_\_\_ Years \_\_\_\_\_ Position (e.g. Camper, CIT, Counselor, Staff (please specify) \_\_\_\_\_

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Name \_\_\_\_\_ Years \_\_\_\_\_ Position (e.g. Camper, CIT, Counselor, Staff (please specify) \_\_\_\_\_

## ESSAY

Please enclose a 1page essay with your application on one of the following topics:

1) A brief biographical sketch, 2) What you hope to offer to the Campers who will be placed in your care, 3) what you hope to offer to the staff with whom you will work, and 4) what you hope to gain by serving at the Camp.

## REFERENCES *(List the names of two non-relatives who will serve as your references)*

Name	Phone Number	Relationship to Applicant
_____	_____	_____
Name	Phone Number	Relationship to Applicant
_____	_____	_____

## ACTIVITIES/CERTIFICATION

**Areas of Knowledge:** Number these activities: (1) I am experienced in this area and willing to teach. (2) I am willing and able to assist in teaching. (3) I have an interest and would be willing to learn more and help.

\_\_\_Arts & Craft \_\_\_Camping \_\_\_Christian Education \_\_\_Archery \_\_\_Hiking/Backpacking \_\_\_Canoeing \_\_\_Chanting  
\_\_\_Field/Court Sports \_\_\_Horseback Riding \_\_\_Wall Climbing \_\_\_Fishing \_\_\_Sailing \_\_\_Water Skiing

Other: \_\_\_\_\_

**CPR and First Aid Certifications:** Are you currently certified: CPR: Yes No First Aid: Yes No  
Expiration Dates: CPR Certification: \_\_\_/\_\_\_/\_\_\_ First Aid Certification: \_\_\_/\_\_\_/\_\_\_

**Lifeguarding Certifications:** Are you a certified Lifeguard: Yes No  
If yes, please send a photocopy of your certification card. If no, would you be willing to undergo training to become certified? Yes No

### Climbing Wall Certification:

Are you certified in Rock Climbing or Challenge Course Facilitation: Yes No. If yes, please send a photocopy of your certification card. If no, would you be willing to undergo training to become certified? Yes No

**Other Certifications:** Please list any other certifications that you may have: \_\_\_\_\_

**Restrictions:** Would you have any difficulty in performing any of the essential elements of the job for which you have applied? If so, explain: \_\_\_\_\_  
\_\_\_\_\_

## PHOTOGRAPHS/VIDEOS/DVD/WEBSITE

### PLEASE CHECK APPLICABLE BOXES

I give  / I do not give  permission for the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during camp to be used in the camp video, on the camp website, for promotional purposes of the camp, or shown as Camp Transfiguration sees fit.

I would like to purchase the camp DVD for the price of \$20.00. Please enclose a separate check for \$20.00 make payable to Camp Transfiguration.

## TRANSPORTATION

### PLEASE CHECK APPLICABLE BOXES

My travel arrangements have yet to be finalized and I will send the information no later than 2 weeks before my arrival at the camp.

I will arrive at camp by:  Driving  Airplane  Other:

## REGISTRATION AGREEMENT

I have read, understand, and agree to all of the registration instructions given in the attached sheet.

I am aware that for my teenager to be secured a CIT position all material identified in the CIT Registration Instruction must fully and properly be completed and submitted according to the deadline dates. I have read, and understand the "Photographs / Videos / DVD / Website" section.

I understand that if my teenager is registered for camp this summer as a CIT, I will receive confirmation via email and a link to the Camper/Parent Packet, which will include important information to prepare both my teenager and myself for camp. I agree to read the material and review it with my teenager.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_