

**TOWN OF GLASTONBURY  
PARKS AND RECREATION DEPARTMENT**

**APPLICATIONS FOR 2017 CIT PROGRAM NOW BEING ACCEPTED:**

**EARLY APPLICATIONS ARE ENCOURAGED.** The closing date or last day to apply is **May 12, 2017**. Interviews will be scheduled for Thursday, May 18<sup>th</sup>. Every effort will be made to notify all applicants of the status of their application by May 25.

1. Thoroughly complete the application. You are encouraged to be as thorough as possible, you may leave the "Employment Record" section blank if you have no prior work experience.
2. Two (2) written reference forms will be **REQUIRED**. You may submit your application without reference forms and bring the forms with you to your interview.
3. All applicants are required to complete the attached "Supplement".
4. All applicants will be scheduled for an interview on Thursday, May 18<sup>th</sup> between 4:30-7:30 pm.

**TOWN OF GLASTONBURY  
COUNSELOR-IN-TRAINING APPLICATION**

**INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Will you have completed freshman year of High School by the start of camp?  Yes  No

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

**CERTIFICATION:** (Check applicable information)

<input type="checkbox"/> Lifeguard Training	Expiration Date _____	Certifying Agency _____	<input type="checkbox"/> WSI	Expiration Date _____	Certifying Agency _____
<input type="checkbox"/> First Aid	_____	_____	<input type="checkbox"/> BLS-CPR	_____	_____
<input type="checkbox"/> Other (Specify)	_____	_____	<input type="checkbox"/> Other CPR	_____	_____

**EMPLOYMENT RECORD:** (List your most recent first)

1. Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  Full-Time  Part-Time  
Brief Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  Full-Time  Part-Time  
Brief Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**REFERENCES:** Please give the name, relationship and phone numbers of two people who are familiar with your work (teachers, people for whom you baby-sit, neighbor, former employer, etc.).

**Two (2) written employment reference forms will be REQUIRED.**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**CERTIFICATION:**

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries above made by me are true, complete and correct to the best of my knowledge and belief. Any misrepresentation, omission or falsification may be grounds for dismissal.

In the event that I am selected as a volunteer CIT by this town, I agree to comply with all of its orders, rules, and regulations. The Town of Glastonbury makes no guarantee of continued program participation.

Failure to follow directions and complete all sections of this application is grounds for immediate disqualification from the recruitment process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please indicate where you learned about this position:

Newspaper (Name) \_\_\_\_\_

School (Name) \_\_\_\_\_

Website (Name) \_\_\_\_\_

Other \_\_\_\_\_

**TOWN OF GLASTONBURY  
CIT SUPPLEMENT**

NAME: \_\_\_\_\_

**Please provide the information requested using additional sheets if necessary.**

A. **Availability:** Please check off which weeks you would be available to volunteer at camp. (Based on your availability and the number of applicants you will be assigned 4-6 weeks)

June 20 – June 23

July 17 – July 21

June 26 – June 30

July 24 – July 28

July 3 – July 7 (No Camp 7/4)

July 31 – August 4

July 10 – July 14

August 7 – August 11

B. **Children:** Please describe any previous experience that you have had working with children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. **Leadership:** Please describe any previous leadership experience you've had.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. **Interests:** Please check off any of the following areas that you are experience with and would feel comfortable assisting with.

Music

Hiking

Swimming

Sports

Drama

Games

Field Trips

Tennis

Dance

Nature

Arts & Crafts

Please elaborate on the above, and describe any other special skills or interests that you have in terms of program areas. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E. **Strength & Weaknesses:** Please describe what you perceive to be your strengths and weaknesses for the CIT position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

TOWN OF GLASTONBURY  
PARKS AND RECREATION DEPARTMENT  
CIT REFERENCE FORM

(Applicant's Name) \_\_\_\_\_

has applied for a Counselor-In-Training (CIT) program with the Glastonbury Parks and Recreation Department. So that his/her application may be given proper consideration, your help is needed in completing this reference form. I hereby release from all liability the company or person below, and authorize the release of all information regarding my application 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) If this individual has worked for you, how would you rate his/her work record and overall performance? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Would you rehire? \_\_\_\_\_
- 5) How would you rate this individual's character? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6) Do you know of any reason why this individual should not be a valuable volunteer? \_\_\_\_\_  
\_\_\_\_\_
- 7) Please use this space for any additional comments. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

2155 Main Street ■ Glastonbury, CT 06033 ■ Phone (860)652-7679 ■ Fax (860) 652-7691

PARKS AND RECREATION DEPARTMENT  
CIT REFERENCE FORM

(Applicant's Name) \_\_\_\_\_

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\_\_\_\_\_  
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? \_\_\_\_\_
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date