The Counselor-In-Training (CIT) program is a competitive program that is designed to take former campers (incoming 9th and 10th graders) who have a love of camp and who have demonstrated a strong desire to work with children and grow their leadership skills. In addition, the prospective CITs should be thinking about becoming a staff member when they are eligible, not just looking at the program as something to do or a way to spend another summer at camp. Please note that completing an application does not guarantee a spot as a CIT at camp.

Interested CIT candidates will complete an application, submit a reference form (only one reference is needed), and interview with JCC staff members. If invited to the program, participants will spend three weeks focusing on training from various members of the JCC. After completing the mandatory three weeks, there will be an option to sign up for weeks 6, 7 and 8 to work with camp groups.

**CIT 2020 Program Outline**

- The CIT program will take place during weeks 2, 3, and 4 of camp (June 8–26). The program will run during regular camp hours from 8:30 am–4 pm.

- **CIT participants must complete all three weeks.**

- The CIT program is priced at $599 for all three weeks. Voluntary weeks (July 6–10, 13–17 and 20–24) are priced at $150/week.

- The program will be limited to 10 members and admittance is through a competitive process that will include a written component and interview process. The formal interview may take place in person or over the telephone.

- The CIT candidate should carefully complete the application by **March 30, 2020** and turn in all required materials to the Welcome Desk. Make sure all application materials are addressed to Caitlyn Mills.

- The CITs are subject to the same code of behavior and policies as regular camp staff and will participate in all aspects of camp life.

- After completing the three mandatory weeks, CITs may also participate in the three voluntary weeks during weeks 6, 7 and 8 of camp. During these voluntary weeks, CITs will be:
  - Assigned to a camp group and stay with them for the duration of the week;
  - Taking the training they learned during the program and applying it for further hands-on learning;
  - Able to have a one-on-one meeting with the Camp Director at the end of each voluntary week.

Under the supervision of the Camp JCC Staff members, CITs will:

- Understand the importance of volunteering;
- Gain hands-on experience that can be translated to applying for jobs later on;
- Learn about different leadership styles and honing their own leadership styles;
- Incorporate Jewish values into their views of leadership and volunteering;
- Help provide a safe and supportive atmosphere for campers;
- Always work with a staff person and never be left alone with campers;
- See what goes into creating a successful summer day camp (programming, supervision, camp policies, etc.);
- Work with staff to develop and co-lead programming and activities with various age groups during the last week.
Camp JCC CIT 2020 Application

CIT Applicant’s Name ________________________________________________________________

Email ____________________________________________________________________________

Best phone number to reach CIT applicant ___________________________________________________________________________________

For incoming 9th graders:

Current Middle School _______________________________________________________________

Intended High School _______________________________________________________________

For incoming 10th graders:

Current High School _______________________________________________________________

CIT Parent/Guardian Name ___________________________________________________________

Email ____________________________________________________________________________

Home Phone _________________________ Cell Phone ________________________________

Other Parent/Guardian Name _________________________________________________________

Email ____________________________________________________________________________

Home Phone _________________________ Cell Phone ________________________________

See next page for essay questions and signatures
Essay Questions
Please write at least three paragraphs for each question. Be sure answers are typed or neatly handwritten and all words are the CIT applicant’s own.

1. Explain what you hope to gain from the program as well as what contributions you feel you can make to the experience.

2. What qualities, in your opinion, make an excellent camp counselor? Which of these qualities do you most embody? Give examples to support your answer.

Our Counselor-In-Training program is very selective. We have high expectations for the participants. Please read and consider the following before submitting this application:

- All communications and forms should be the work of the CIT applicant
- There are a limited number of spots in the CIT program
- Submission of an application does not indicate an acceptance into the CIT program
- Acceptance into the CIT program does not guarantee employment in the future
- CITs must turn in a completed Camper Health Form upon acceptance into the program
- CITs will be dismissed from the program for any violation of camp policies and rules with no refund.

Please read carefully and sign

I understand that if I am accepted into JCC Indianapolis’ CIT 2020 Summer Program, I will be expected to act in a responsible manner. I will be learning things that will not just make me a better person but a responsible counselor, with leadership skills that I can use in life. If I do not follow accepted CIT guidelines, I understand that I can be asked to leave the program.
is applying for CampJCC Indy’s Counselors in Training Program. The CIT program is designed to take former campers (incoming 9th and 10th graders) who have a love of camp and who have demonstrated a strong desire to work with children and grow their leadership skills.

Entrance is based on an essay, an application, and references. Please answer carefully. Admission is limited. All information will be held in strict confidence.

Please rate the applicant using the following scale: 1 = poor | 5 = excellent

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>1</th>
<th>2</th>
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<td>Initiative</td>
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Please feel free to use the back of this page for extra space to tell us more about the applicant.

1. How long have you known the applicant? In what capacity?

2. Have you observed the applicant in a leadership role? If so, please elaborate.

3. Would you feel comfortable having the applicant be responsible for your children in a camp situation? Why or why not?

4. Please share any other relevant information about this applicant that could impact his/her participation in the CIT program.

Name __________________________________________ Signature____________________________________________

If further information is needed, would you permit us to talk to you by phone or email? Yes or No (please circle)

Phone______________________________ Email___________________________________________________________
# Arthur M. Glick Indianapolis JCC Summer Camps 2020

## Camper Health Form: Grades K–8 and CIT

<table>
<thead>
<tr>
<th>Camper Full Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Grade (Fall 2020)</th>
<th>Date (Last Physical)</th>
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<tbody>
<tr>
<td>Name of Family Physician</td>
<td>Phone # of Family Physician</td>
<td>Date of Current Tetanus</td>
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<td>Family Address</td>
<td>Family Phone Number</td>
<td>School/Child Care attending prior to this camp season</td>
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<td>Parent/Guardian #1 Name</td>
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<td>Parent/Guardian #2 Name</td>
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<tr>
<td>Emergency Contact #1 Name</td>
<td>Relationship</td>
<td>Phone Number</td>
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<tr>
<td>Emergency Contact #2 Name</td>
<td>Relationship</td>
<td>Phone Number</td>
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**My child’s immunizations are up-to-date and on file at my child’s school.**

Initial

**Please explain any “yes” answers on the back of this form, or contact Caitlyn Mills at cmills@JCCindy.org.**

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<th>Yes</th>
<th>No</th>
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<td>12.</td>
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</table>

☐ I understand that my camper will not be able to attend camp without having a 2020 Camper Health Form on file.

Patient Authorization: This health history provided herein is correct and complete in every sense. The camper herein described has permission to engage in all camp activities except as noted herein. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for the camper. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named above.

Parent/Guardian Signature Date

_____ Staff Initial
Camper Name: __________________________________________________________

Date of Birth: _______________________________________________________________________

Grade/Group: _______________________________________________________________________

Please list any medication your child will need during camp:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time(s)</th>
</tr>
</thead>
</table>

Signature of Parent/Guardian ___________________________ Date ____________

Primary Phone: ___________________________ Emergency Phone: ___________________________

- If medications must be given during camp hours, please complete this Medical Permission form. Medications that are to be administered during camp hours must be given directly to the Unit Head by a parent/guardian (please do not send with camper). Medications should be in the original container, accompanied by written prescription and and clearly labeled with the child’s name, directions, parent’s name and phone number and physician’s name and phone number. To keep all medication safe, counselors will carry any medications that are for immediate need (inhaler, Epi-Pens, etc.).

  - If there are any concerns, our Camp JCC staff are open to discussing how to give medication with you during Camp Open House or the first day your child attends camp.

- Please do not send campers to camp with over-the-counter medications (aspirin, ibuprofen, cough drops, etc.). If you want your child to have access to these medications during camp hours, please follow the same steps as medications with prescriptions (give directly to the Unit Head).