

Brisbane L.I.T Program

Counselor-in-Training Application
A Summer Program for
Emerging Leaders Ages 12-15

Session 1: June 24 – July 19th Fee: \$175 (4 weeks)
Session 2: July 22 - August 16th Fee: \$175 (4 weeks)

Your completed application will be reviewed carefully; but its completion does not imply that you will be accepted into the program. When we receive this application, one of our staff members will contact you to set up an interview. Upon completion of the interview, the applicant will know his or her admission status. Brisbane Summer Program carries many privileges and responsibilities and we expect LIT's to participate in all camp activities. Completion of this application signifies understanding and acceptance of camp policies and procedures. In addition, should a behavior or discipline problem affect our work with other LIT's or campers, or their enjoyment of the Summer Camp, we reserve the right to dismiss those LIT's responsible without a refund. Please read all questions carefully and call (415)508-2143 if you have any questions.

Please Type or Print Clearly

Date _____ First Name _____ Last Name _____
E-mail Address _____ DOB _____ Age _____
Home Address _____ Home Telephone _____
City _____ State _____ Zip _____
School Attending _____ Next Grade _____

TO BE COMPLETED BY APPLICANTS PARENT/GUARDIAN

Mother/guardian's name: _____

Father/guardian's name: _____

Home Address: _____

City _____ State _____ Zip _____

Primary contact number: _____

Secondary contact number: _____

Emergency contact number: _____

Email: _____

I, the undersigned parent, guardian, or participant do hereby agree to allow the individual(s) name herein to participate in the aforementioned activity (ties) and I further agree to indemnify the Parks & Recreation Department, the City of Brisbane, its employees and officers harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or in any way connected with the participation in this activity. I further agree to permit the use of event/activity photography and/or video media production, which may include images of myself or individuals above.

Signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT

The following information will be used as part of admission into the Counselor-in-Training program. Take your time filling out the application; fully answer all questions to the best of your ability. If there is a question you cannot answer because you are confused or have no experience in the related field, that is okay, the LIT program is designed to help give you the experience. This application is simply an exercise to allow us to get to know you better and to give you an employment experience similar to positions you may seek in the future. If you do not know how to answer a question or have a question, please ask a trusted adult or call (415) 508-2143.

1. Have you ever worked with children? (*circle one*) YES NO If yes, number of children _____
Ages of children _____

2. Explain the environment you were in while working with children (i.e. child care setting, camp setting, church, babysitting, etc.):

3. Describe activities you assisted in leading and those you have lead on your own:

4. Why do you want to work as a LIT in our Summer camp program?

5. Why do you feel you would be a good LIT?

6. With what age group do you prefer to work with? Why?

7. List 3 greatest strengths and 3 challenges you have in working with children.

GREATEST STRENGTHS

1. _____

2. _____

3. _____

CHALLENGES

1. _____

2. _____

3. _____

8. Describe any volunteer work, other experiences, interest, training, etc. relevant to your ability to perform the job sought.

9. Describe activities you are interested in sharing with the children at the camp:
e.x Soccer, Painting, and Music

10. Please circle or highlight the number of weeks you would like to work, if you want to do 4 weeks, please rank the weeks below from 1-8 of what you are most interested in.

a. Circle or highlight the number of weeks **4 or 8**

b. Rank your weeks from 1-8, with 1 being MOST interested and 8 being LEAST interested. (Put N/A if you are unavailable)

- _____ Week 1 (June 24th – June 28)
- _____ Week 2 (July 1st – July 5th *No camp of July 4*)
- _____ Week 3 (July 8th – July 12th)
- _____ Week 4 (July 15th – July 19th)
- _____ Week 5 (July 22nd – July 26th)
- _____ Week 6 (July 29th – August 4th)
- _____ Week 7 (August 5th – August 9th)
- _____ Week 8 ((August 12th – August 16th)

List two personal references.

Name	Phone Numbers (Day and Evening)	Email	In what capacity do you know this person?	How long have you known this person?
1.				
2.				

Applicant Signature _____

Date _____

Upon completion, APPLICANTS (not parents) must return this application to Sara Nahass via email snahass@brisbaneca.org

All new and returning LITs will need to be interviewed, more information will be given after application is submitted