COUNSELORS IN TRAINING

Counselors in Training program assists future leaders in finding personal success, becoming allies to others, providing service to their community and building respect amongst their peers through hand on learning experiences in a Day Camp setting.

- Hands on learning with camp role models.
- Training and understanding of daily camp operations and strategies.
- Developing skills to be a future leader at the YMCA through lessons on core values and personal mission statements.
- Life skill development through activities that encourage emotional intelligence, confidence and compassion.

Counselors in Training must complete an application and obtain two references from non-family members who can speak to their character and ability to be successful in this program. Participation in the CIT program is contingent on receiving the full application plus participating in an interview no later than May 15th, 2020. Qualified candidates will be promoted to the Counselor in Training program. All participants in the program must attend a mandatory training, May 27th – 28th, 2020 (if not able to make training it must be communicated to Alex Killian Associate Teen Program Director if selected to be part of the CIT program). In addition, all CIT’s must attend the full weeks of camp to receive the full experience.

For more information or questions, please contact Alex Killian at 260-755-4867 or alex_killian@fwymca.org

Counselor in Training Fees
Members & Program Participants: $50.00 for the summer
Open to ages 15-17
Must attend mandatory training May 27th – 28th
Time: 9 am – 4pm

Needed before enrolling
1. All camp registration packet and immunization records
2. Job Application
3. Two personal references
4. Letter of intent
5. Personal Interview
## GENERAL INFORMATION

Please print and answer all questions truthfully and completely. Resumes must be accompanied by an application.

**Date:** ___________  
**Position(s) applying for:** ___________________________________  
**Branch(s):** _____________________________________  
**Date available to begin work:** _________________

<table>
<thead>
<tr>
<th>Interested in:</th>
<th>Shift(s) Available:</th>
<th>Hours available to work (part-time only):</th>
<th>Days of the week you are available to work: (please circle)</th>
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</thead>
<tbody>
<tr>
<td>☐ Full-time</td>
<td>☐ Day</td>
<td>☐ Evening</td>
<td>M Tue W Thurs F Sat Sun</td>
</tr>
<tr>
<td>☐ Part-time</td>
<td>☐ Evening</td>
<td>☐ Nights</td>
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<td></td>
<td>☐ Nights</td>
<td>Please Specify:</td>
<td></td>
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</tbody>
</table>

Name: ___________________________  Social Security Number: ________________________

Present Address: 

<table>
<thead>
<tr>
<th>Street</th>
<th>State</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Phone Number: _____________________  Alternate Phone Number: _____________________

Email: ______________________________

Have you ever worked for a YMCA before: ☐ Yes ☐ No  
If yes, what location ______________________ when___________________

How did you hear about this position: _____________________________________________

Are you authorized to work in the United States: ☐ Yes ☐ No  
*If hired, you will be required to furnish proof of employment eligibility according to Federal Law.

Have you ever been convicted of a felony, child abuse or sex-related crimes? ☐ Yes ☐ No  
If yes, please explain: ____________________________________________________________

What languages do you speak fluently (other than English): 
☐ No ☐ Yes, please specify: ________________________________

Are you at least 18 years of age: ☐ Yes ☐ No  
Are you at least 21 years of age: ☐ Yes ☐ No  
*If under the age of 18, you will be subject to employment laws for minors

If under the age of 18, can you provide a “Work Permit” for the YMCA: ☐ Yes ☐ No  
*If under the age of 18 you will be subject to employment laws for minors

If hired for a position that requires driving, do you have a valid Indiana Driver’s license: ___________
If yes, do you have reliable transportation: □ Yes  □ No

Why do you think you are a good candidate for this position?

---

**EQUAL OPPORTUNITY EMPLOYER & DRUG FREE WORKPLACE**

**EDUCATION HISTORY**

<table>
<thead>
<tr>
<th>Name and Location</th>
<th>Courses/ Major</th>
<th>Graduated?</th>
<th>Degree Received</th>
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</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>College</td>
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<td>□ Yes □ No</td>
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<tr>
<td>College</td>
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<td>□ Yes □ No</td>
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<tr>
<td>Trade or Voc School</td>
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<td>□ Yes □ No</td>
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<tr>
<td>Other</td>
<td></td>
<td>□ Yes □ No</td>
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</tbody>
</table>

**TRAINING AND CERTIFICATIONS**

<table>
<thead>
<tr>
<th>Certifications/Skills</th>
<th>Expires:</th>
<th>Type of training/skills/additional info:</th>
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</thead>
<tbody>
<tr>
<td>First Aid:</td>
<td></td>
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<tr>
<td>CPR:</td>
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<tr>
<td>Life Guarding:</td>
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<tr>
<td>Instructor Certifications:</td>
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<tr>
<td>Professional Licenses:</td>
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<tr>
<td>YMCA Certificates:</td>
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<tr>
<td>YMCA Training:</td>
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<tr>
<td>Other Specialized Skills/Training:</td>
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<tr>
<td>Office Skills/Software:</td>
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</table>

**EMPLOYMENT HISTORY**

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Phone #:</th>
<th>Dates of Employment:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Title:</td>
<td>Starting Rate of Pay:</td>
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<tr>
<td></td>
<td></td>
<td>□ Hrly □ Salary $    per</td>
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<tr>
<td></td>
<td></td>
<td>Ending Pay:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Hrly □ Salary $    per</td>
</tr>
<tr>
<td>Reason for leaving:</td>
<td></td>
<td>May we contact this employer:</td>
</tr>
</tbody>
</table>
**REFERENCES**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
<th>Phone Number</th>
<th>Alternate #</th>
<th>Years Known</th>
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**PRE-EMPLOYMENT STATEMENT**

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

**Initial**

I authorize investigation of all statements contained in this application. I understand that any falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application for consideration. I authorize any person, school, law enforcement agency, current or past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

**Initial**

If employed by the YMCA I will abide by YMCA policies and rules. I am also aware that the YMCA of Greater Fort Wayne is a Christian-oriented association; I agree to uphold its ideals and policies, and conduct myself in a manner with mission and Core...
Values of Honesty, Caring, Respect, and Responsibilities. I understand that I will be required to possess a current and valid driver’s license if my position requires me to drive during the course of my work.

Initial

I understand that according to the YMCA of Greater Fort Wayne’s policies, my employment is conditional upon my satisfactorily passing a Drug Screening, Criminal History search, National Sex Offender Registry search, and Central Registry (depending on job requirements).

Initial

If I am employed by the YMCA I understand my employment is at will can be terminated, with or without cause and with or without notice, at any time by the YMCA or myself.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this application and/or resume are true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated on this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA.

Signature of Applicant: ___________________________ Date: ________________

SUPPLEMENT TO APPLICATION:
(Please fill out if applying to work with children)

What ages do you prefer to work with? (Please circle all that apply)

- Infants
- Preschool
- High School
- Toddlers
- School Age
- Special Classes

Please elaborate on your previous job experience or involvement with children?

How has your past work experience or involvement prepared you for working with children?

Please explain your discipline philosophy:

What do you do when you are upset or angry about something?
Please rank in order the activity area below using the following scale:

1. **Highly Skilled**: can instruct, set-up lesson plans, demonstrate proficiency, organize or supervise.
2. **Moderately Skilled**: can operate a safe program; teach competently & confidently without guidance.
3. **Moderate Knowledge/Experience**: could assist an instructor.

___Arts & Humanities  ___Group Games  ___Swimming/Swim Instruction
___Math  ___Literacy  ___Sign Language
___Technology  ___Hiking  ___Environmental Education
___Music  ___Horseback riding  ___Rock Climbing
___Team Building  ___Camping  ___Other______________
___Sports: (Please list) ____________________________
PARKVIEW FAMILY YMCA: 2020 CIT LETTER OF INTENT

Please have CIT answer the following questions as part of the application process (feel free to use additional paper for responses):

1. In what ways do you desire to grow in your leadership through the CIT Program?

2. As leaders, CITs are held to a higher level of responsibility than other campers. What attributes would you bring to the camp community to help positively influence others during their time at camp?

3. The CIT program requires active participation in self-directed and team activities, service projects, chores and group discussions. Describe your role in a lively discussion with a team made up of people with diverse ideas and opinions?

4. Describe a group experience where you demonstrated your ability to think, act and communicate as a leader.

Please submit completed application to:
Alex Killian, Associate Teen Program Director
Parkview Family YMCA
10001 Dawsons Creek Blvd
Fort Wayne, IN 46825
The Applicant has applied to become a Counselor in Training for our 2020 Summer Camp. The Counselors-in-Training program assists future leaders in finding personal success, becoming allies to others, providing service to their community and building respect amongst their peers through hand on learning experiences in a Day Camp setting. CIT’s will assist counselors and serve as mentors for the children participating in the program. The experience is designed to teach leadership skills including communication, sound decision-making and conflict resolution. Since the applicant will be working with children, it is very important to us to select eager and capable teens as CIT’s.

Alex Killian
Associate Teen Program Director
PARKVIEW FAMILY YMCA
10001 Dawsons Creek Blvd.
Fort Wayne, IN 46825
Phone: 260-755-4867
Alex_killian@fwymca.org

Applicant’s Name: ________________________________________________

Reference Name: ________________________________________________________________________________________________

How long have you known the applicant? __________ In what capacity? _____________________________

What specific reason(s) would you give for accepting this individual into the program?

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

What are his/her strengths as a positive leader/role model in his/her community?

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

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OVER→
If you were a parent, would you be comfortable knowing that the applicant might eventually become your child’s counselor? Why or why not?

_____________________________________________________________________________________________________________________________

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Do you know any reason why this applicant should not be working with campers? Please explain thoroughly. Again, this will be kept confidential.

_____________________________________________________________________________________________________________________________

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Thank you for completing this reference. Please note that incomplete references may affect the applicant’s acceptance. Feel free to provide additional comments on a separate sheet of paper. If you have any questions or concerns, please contact Alex Killian, Associate Teen Program Director by phone 260-755-4867 or email alex_killian@fwymca.org.

Signature: _______________________________ Date: __________________
Printed Name: ___________________________ Phone: ___________________________
Address: ________________________________________________________________
E-mail Address: ____________________________________________________________
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Signature:_________________________________ Date:_____________________

Printed Name: ___________________________ Phone: ______________________

Address: ______________________________________________________________

E-mail Address: ___________________________________________________________