



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **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 15<sup>th</sup>, 2020. Qualified candidates will be promoted to the Counselor in Training program. All participants in the program must attend a mandatory training, May 27<sup>th</sup> - 28<sup>th</sup>, 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](mailto: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 27<sup>th</sup> -28<sup>th</sup>

**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



## EMPLOYMENT APPLICATION

www.fwymca.org

### 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: \_\_\_\_\_

<b>Interested in:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Shift(s) Available:</b> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights	<b>Hours available to work (part-time only):</b> Please Specify:	<b>Days of the week you are available to work: (please circle)</b>  M Tue W Thurs F Sat Sun
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Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street State City Zip Code

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, 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:

☐ Yes ☐ No If yes, do you have reliable transportation: ☐ Yes ☐ No

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

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**EQUAL OPPORTUNITY EMPLOYER & DRUG FREE WORKPLACE**

**EDUCATION HISTORY**

	Name and Location	Courses/ Major	Graduated?	Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Voc School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**TRAINING AND CERTIFICATIONS**

Certifications/Skills	Expires:	Type of training/skills/additional info:
First Aid:		
CPR:		
Life Guarding:		
Instructor Certifications:		
Professional Licenses:		
YMCA Certificates:		
YMCA Training:		
Other Specialized Skills/Training:		
Office Skills/Software:		

**EMPLOYMENT HISTORY**

Employer:	Phone #:	Dates of Employment:
Address:		Title:
Primary Responsibilities:		Starting Rate of Pay: <input type="checkbox"/> Hrly <input type="checkbox"/> Salary \$      per  Ending Pay: <input type="checkbox"/> Hrly <input type="checkbox"/> Salary \$      per
Reason for leaving:		
Name and Title of Supervisor:		May we contact this employer:

	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Employer:</b>	<b>Phone #:</b>	<b>Dates of Employment:</b>
<b>Address:</b>		<b>Title:</b>
<b>Primary Responsibilities:</b>		<b>Starting Rate of Pay:</b> <input type="checkbox"/> Hrly <input type="checkbox"/> Salary \$      per  <b>Ending Pay:</b> <input type="checkbox"/> Hrly <input type="checkbox"/> Salary \$      per
<b>Reason for leaving:</b>		
<b>Name and Title of Supervisor:</b>		<b>May we contact this employer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>Reason for leaving:</b>		
<b>Name and Title of Supervisor:</b>		<b>May we contact this employer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any volunteer work, other experience, interest, training, or honors received that you feel is relevant to your ability to perform this job:

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## REFERENCES

Name	Relationship to you	Phone Number	Alternate #	Years Known

## 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?**

## ACTIVITY INFORMATION

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

Alex\_killian@fwymca.org

**PARKVIEW FAMILY YMCA: 2020 CIT REFERENCE FORM**

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?**

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**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](mailto:alex_killian@fwymca.org).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_  
\_\_\_\_\_

## **PARKVIEW FAMILY YMCA: 2020 CIT REFERENCE FORM**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

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E-mail Address:

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