



*Winooski Department of Recreation and Community Wellness
32 Malletts Bay Ave · 655-1392 x 21 · nina.ridhibhinyo@gmail.com*

COUNSELOR-IN-TRAINING APPLICANT INFORMATION (entering 6th-8th grade):

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ Birth Date _____

Please list any medical conditions, physical limitations or other restrictions:

EMERGENCY CONTACT (during program operation hours):

Name _____ Relationship _____ Phone _____

POSITION DESCRIPTION

Counselors-in-training (CITs) are unpaid, youth volunteers. Traditionally, CITs have been filled by older, motivated THRIVE participants seeking first time job experience. Position requirements vary according to each participant's interest and drive. However, tasks typically include helping set-up, serve, and clean-up after lunch. CITs also have the option of attending THRIVE staff development trainings/field trips. Following graduation from middle school, THRIVE CITs often become THRIVE counselors or use THRIVE as a reference when seeking other employment. Service typically ends by noon, enabling CITs to attend Boys & Girls Club activities in the afternoon.

Please list any special skills or qualifications you have:

Please explain briefly your interest in this position:

REFERENCES (teachers, group coordinators, family members, etc.):

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Email</i>
1.			
2.			

WAIVER & RELEASES (please have your parent/guardian initial each item and sign):

I am fully aware of the risk inherent and hereby give my consent for the name(s) listed above to participate in the program(s) indicated. I agree to hold harmless the City of Winooski and its employees, elected officials or any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, activities, or events. I understand that medical insurance coverage is not provided. Permission is hereby granted for the participant(s) to receive emergency treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that there are no limitations for the participant(s) except as stated above. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Initial here _____

I give my permission to use photos taken of my child for promotional purposes.

Initial here _____

I give my permission to transport my child during program field trips.

Initial here _____

Parent/Guardian Signature _____ *Date* _____

*This form is due by May 15, 2009 to the Department of Recreation and Community
Wellness offices located in the O'Brien Community Center at 32 Malletts Bay Ave,
Winooski, VT 05404.*