

AYCC Summer Camp Counselor in Training Application



Counselor's in Training (CIT's) must be in the following age categories by June 20, 2022:

SEP - ages 13-15

CT - ages 14-16

CIT APPLICATION REQUIREMENTS

1. Have a valid AYCC Youth, Family or Teen Membership through the school year.
2. Completion of the CIT Application
3. Two written recommendations from persons, other than relatives or friends, who are familiar with your leadership abilities (i.e. teachers, club advisors, coaches, etc.) These must be submitted WITH the application to expedite the process.
4. Summer Enrichment CIT Applicants must submit proof of vaccination (Maine DHHS requirement)
4. Answer the questions found on the second to the last page of this application.

PURPOSE & PHILOSOPHY

The CIT Program will assist in providing instruction through practical experience and hands-on learning to acquire life and leadership skills through leadership development, values clarification, and problem solving-techniques.

The CIT program is for teens who have a desire to become a childcare counselor. There is no fee to become a CIT with either camp. CIT's are considered volunteers and will be expected to complete required tasks and duties as assigned. There will be a limit of 10 accepted applicants per week into the CIT program.

CIT PROGRAM INFO

During the school year, CIT's will focus on behavior management, communication, team building, and learning to get along with other CIT's, children, and staff members. The CIT's will assist group counselors in leading games, songs, activities, and will be assigned daily duties around the facility. CIT's will be allowed to participate in activities with their assigned groups as well as swimming and field trips.

All applications must be submitted to the Welcome Center at the Alford Youth & Community Center or to the Director listed below.

APPLICATION SUBMISSION

Camp Tracy Gabe Merrill

Camps & Trips Coordinator
gmerrill@clubaycc.org
207-873-0684 (school year)
207-465-9261 (Jun-Aug)

Summer Enrichment Program DJ Adams

Childcare Coordinator
dadams@clubaycc.org
207-873-0684

Boys & Girls Clubs and YMCA of Greater Waterville
at the **Alford Youth & Community Center**

126 North Street, Waterville, Maine 04901 P: 207-873-0684 F: 207-861-8016

clubaycc.org camptracy.org

facebook.com/clubaycc facebook.com/aycc.childcare facebook.com/camptracy1968
instagram.com/clubaycc instagram.com/camptracyaycc

Camp Tracy CIT Training

During training sessions, the CIT will focus on building a foundation of knowledge about Camp Tracy policies, procedures and programs. Topics of emphasis will include behavior management, camper characteristics, and communication. During the camp season, CIT's will learn specific skills in specialty areas, work directly with village groups, and concentrate on developing leadership skills.

CIT's are required to attend as much of Staff training as they can. CIT's are also required to attend the first two sessions of camp (June 20-24 and June 27-Jul 1) and minimum of two additional sessions.

Information will be provided to you regarding training sessions once accepted to the program.

Summer Enrichment Program Training

During training sessions, the CIT will focus on building a foundation of knowledge about the Summer Enrichment Program's policies, procedures and programs. Topics of emphasis will include behavior management, camper characteristics, and communication. During the camp season, CIT's will learn specific skills in specialty areas, work directly with groups, and concentrate on developing leadership skills.

CIT's are required to attend as much of CIT trainings/meetings as they can. Meetings will be held every **Monday at 11am.**

AYCC Summer Camp Counselor in Training Application



Child's Last Name	Child's First Name	Middle Initial	US Citizen?
Gender	Date of Birth	T-Shirt Size	Shoe Size
Home Address	City	State	Zip

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Email Address	Employer	Employer Address	Employer Phone

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Email Address	Employer	Employer Address	Employer Phone

With whom does the child live?

Is either parent/guardian on Active Duty or Reserve in the Military? If yes, please list branch. Your family may qualify for grant funding for programming or family membership. Email Wendy at wgrenier@clubaycc.org for details.

Emergency Contact (other than parent)	Contact Phone
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Emergency Contact (other than parent)	Contact Phone
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Please select the camp you wish to become a CIT at:
 ___ CT ___ SEP

Please choose the weeks that you will be attending.

	Jun 20-24 (CT only)		Jul 11-15		Aug 1-5		Aug 22-26 (SEP Only)
	Jun 27-Jul 1		Jul 18-22		Aug 8-12		
	Jul 5-8 (closed Jul 4)		Jul 25-29		Aug 15-19		

<u>Welcome Center Use Only</u>	Approved by Director initials: _____	Date: _____
Member _____	Staff Initial _____	Date _____
ID# _____	Start Date: _____	Registered _____

PICK-UP AUTHORIZATION

I, _____ (parent/guardian) give permission for the following people to pick up my child _____ from the programs at the Alford Youth & Community Center or Camp Tracy. I understand I may modify my child's pick-up list at any point by completing a Pick-Up Authorization form or by speaking to a supervisor.

The only person(s) allowed to pick up my child(ren) from the program are:

Parent/Guardian _____ **Phone** _____

Parent/Guardian _____ **Phone** _____

Other _____ **Phone** _____

Other _____ **Phone** _____

Other _____ **Phone** _____

PLEASE INCLUDE PARENT'S/GUARDIANS on the pick-up list to assure accuracy of those with permission to pick the child up.

If at any time during the child's enrollment in AYCC camp, parental or guardianship rights change, I will notify a childcare/camp supervisor and provide proper documentation immediately.

*Please indicate if you are using a taxi service for transportation. We will not release a child to a taxi driver without written or verbal permission from the parent/guardian. The pick-up person(s) must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No pick-up person(s) under the age of 16 will be allowed to sign out or take custody of a child. ID's are required for pick-up.

Parent/Guardian Signature _____ **Date** _____

CONFIDENTIAL DEMOGRAPHICS

The following information is necessary for our records and the grant and donor funding our organization receives. This funding helps us provide quality staff, training, and quality programs to your child as well as to our members and to the community. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Estimated Annual Family Income (Choose the option that best fits this household information)

___ Decline to answer ___ \$0-\$15,150 ___ \$15,151-\$30,150 ___ \$30,151-\$40,600 ___ \$40,601-\$51,050

___ \$51,051-\$61,500 ___ \$61,501-\$71,950 ___ \$71,951-\$82,400 ___ \$82,401-\$92,850

___ \$92,851-\$103,300 ___ \$103,301+

Family Setting: ___ Foster Care ___ Two parent family ___ Single parent family ___ Extended Family
___ Other

Is your child a Maine Resident? _____ **Is your child a U.S. Citizen?** _____

Race-Nationality:

___ African-American ___ Arab ___ Native American ___ Asian ___ Hispanic

___ Caucasian (white) ___ Multi-Racial Other: _____

HEALTH HISTORY

Has your child ever been hospitalized?	If yes, please explain.
Does your child take medication during camp hours?	If yes, please complete the Medication Form within this document.
Does your child have any medication allergies? (ex. penicillin, aspirin, ibuprofen, etc.)	
Does your child have any product or environmental allergies? (ex. latex, seasonal, insects, trees, etc.)	
Does your child have any medical conditions that childcare/camp staff should be aware of? (ex. Asthma, Excema, heart disease, cancer, sensitive skin, etc.)	
Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc.)	
Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) A doctor's note is required for allergies and suggestions/substitutions are helpful.	
Date of last Tetanus shot:	
Family Doctor Name/Practice	Phone
Family Doctor Address	
Family Dentist Name/Practice	Phone
Family Dentist Address	
In case of emergency, my child should be treated at: Please circle one. <div style="display: flex; justify-content: space-around;"> MaineGeneral Medical Center Northern Light Inland Hospital </div>	

EMERGENCY INFORMATION

In case of emergency, illness or accident to your child, while in attendance in childcare/camp, please state your preference for the procedure we take.

Please number the contacts in the order in which you would like us to proceed:

- () Contact the mother/guardian at: _____ Phone _____
- () Contact the father/guardian at: _____ Phone _____
- () Contact the family doctor: _____ Phone _____
- () Contact the family dentist: _____ Phone _____
- () Use discretion and seek medical attention if I cannot be contacted. It is understood that my child will be transported to the hospital (of your choice) in an emergency situation.
- () Please list any other instruction you wish:
- _____
- _____

Consent: In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to the childcare/camp staff to follow the above order or procedure. My permission continues until I revoke it by notifying the Childcare/Camp Director in writing. I will be responsible for any/all costs of medical attention and treatment.

Parent/Guardian Signature _____ **Date** _____

AYCC Childcare & Camps
Medication Permission Form

207-873-0684 www.clubaycc.org www.camptracy.org

SEP: DJ Adams dadams@clubaycc.org Camp Tracy: Gabe Merrill gmerrill@clubaycc.org

Child Last Name		Child First Name	
DOB		Prescribing Physician	
Name of Medication(s)			
Date of Medication Order			
Dosage			
Time & Frequency of Medication to be administered			
Continue this medication until			
I have given the first dosage on _____. <div style="text-align: center; margin-left: 150px;">Date</div>			
I hereby verify that _____ has a valid prescription for the medication(s) listed above.			
_____ Parent/Guardian First & Last Name (Printed)		_____ Parent/Guardian Signature	
		_____ Date	

Date	Number of Pills & Dosage	Parent/ Guardian Initial	Staff Received	Date	Number of Pills & Dosage	Parent/ Guardian Initial	Staff Received

Boys & Girls Clubs and YMCA of Greater Waterville
at the **Alfond Youth & Community Center**
126 North Street, Waterville, Maine 04901
P: 207-873-0684 F: 207-861-8016
clubaycc.org camptracy.org



AYCC Childcare & Camps

Phone 207-873-0684 Fax 207-861-8016

SEP: DJ Adams dadams@clubaycc.org Camp Tracy: Gabe Merrill gmerrill@clubaycc.org

Epi Pen & Inhaler Permission Form

Last Name _____	First Name _____	
DOB _____	Epi Pen _____	Inhaler _____
My child has permission to carry his/her Epinephrine Auto-Injector and/or Asthma Inhaler while in attendance of an AYCC childcare/camp.		
Parent/Guardian Name _____		Phone _____
Signature _____		Date _____

**A Licensed Medical Professional must complete the bottom section of this form.
OR**

**A copy of a recent Asthma Action Plan or Anaphylaxis Emergency Care Plan
should be submitted to the Childcare/Camp Director.**

Fax Attention to the appropriate camp to 207-861-8016 or email

SEP: DJ Adams dadams@clubaycc.org

Camp Tracy: Gabe Merrill gmerrill@clubaycc.org

Name of Medication(s) _____		
Date of Medication Order _____	_____	
Route & Dosage of Medication _____		
Frequency & Time of Medication Administration/Assistance _____		
Specific recommendations for administration (what type of symptoms would indicate need for medication?) _____ _____		
Diagnosis and any other medical conditions requiring medication. _____ _____		
Any special side effects, contraindications and adverse reactions to be observed? _____ _____		
I hereby verify that _____ has a valid prescription and the knowledge and skills to safely possess and use the following medication while in the care of the AYCC.		
Physician's Office Name _____	Office Address _____	Phone _____
Physician's Name _____	Physician's Signature _____	Date _____

Release & Policy Information for BOTH Summer Enrichment Program AND Camp Tracy	REQUIRED PAGE FOR ALL	Parent/ Guardian Initials
Photos - I grant permission for the AYCC to take video and/or photographs of my child for the purpose of marketing and promoting the AYCC. Circle one: Yes No		
Pick-Up Policy - SEP closes PROMPTLY at 5:30pm / Camp Tracy closes PROMPTLY at 5:15pm. A late fee of <u>\$5.00 per 15 minute</u> intervals will be charged for any child who is picked up after this time. The fee will be paid at the Welcome Center immediately. Your child may not return until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick up schedule, could result in increase in late fees at the Director's discretion or termination of services.		
Transportation Release - I give the AYCC permission to transport my child to and from camp; including Camp Tracy bus transportation (if applicable) on field trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up.		
Lost and Found - I understand the childcare & camp programs & AYCC are not responsible for lost or stolen items.		
Scanning Into AYCC Facility - Each person entering the AYCC Waterville location will be required to check in through the turnstiles. Each child and adult using the facility/programs must have an assigned scan tag or must be allowed into the facility by Welcome Center Staff. Those who have not completed the AYCC Liability Waivers, or who have invalid membership status or balances due must stop at the Welcome Center prior to continuing.		
<p>General Pick-Up & Health Policy - Parents/guardians are required to make an immediate pick-up for behavior challenges, illness, lice, vomiting, fever of 100.4 or higher, diarrhea, or bathroom accidents. If your child did not attend school for illness or behavioral challenges, your child may not attend childcare. If the illness is contagious, a doctor's note or approval from the Director will be required upon return.</p> <p>Parent/Guardian Signature _____ Date _____</p>		
Bullying Policy - It is the intent of the AYCC to provide all youth with a safe, orderly, and respectful recreational environment. Administration and staff will provide clear expectations and consequences for all participants and be consistent with NO TOLERANCE for any bullying behavior. Bullying behavior is defined by repeated comments, name calling, gestures, or actions made with the intent to harm, distress, intimidate, threaten, or coerce another individual. A full copy of the AYCC's Bullying Policy can be found in the Summer Camp Handbook.		
Child Guidance & Dismissal Policy - The AYCC wants all children to feel safe and cared about while attending the AYCC and any of its programs. We understand that children attending our programs may still be learning emotional skills and self-regulation strategies. Our goal is to help support and guide children in navigating and honing these critical skills during their time in childcare. Staff will guide and provide behavioral support as necessary, however, children may be sent home due to incidents involving physical aggression, safety or health concerns (ie. spitting, biting) and high levels of elopement or other behavioral challenges that require consistent support and/or multiple staff person support. Repeated occurrences or extreme cases may result in further action, to include temporary dismissal, up to permanent dismissal from the program.		

Release & Policy Information for BOTH Summer Enrichment Program AND Camp Tracy	REQUIRED PAGE FOR ALL	Parent/ Guardian Initials
<p>Impairment Policy - If the program staff feel the adult picking up the child(ren) is under the influence of drugs or alcohol, the staff will strongly recommend that another person is called for pick-up. If the recommendation is not acted upon, the staff will notify the police department. I understand the impairment policy. Parent/Guardian Signature _____ Date _____</p>		
<p>Child Abuse & Neglect Policy - We are licensed by the State of Maine, Department of Health & Human Services, which means we are required to report any suspected cases of child abuse or neglect. Identity and information shared in this report are kept strictly confidential. All AYCC employees are mandated reporters.</p>		
<p>Summer Camp Handbook - It is very important to us to make sure parents/guardians are well informed of all our policies and guidelines. All of the policies are written in detail in the Summer Camp Handbook, located at the Welcome Center or available on our website at www.clubaycc.org/camps. (Full policies are not written in the registration form). Parents/Guardians are required to read and understand all the information both in the registration form and the Summer Camp Handbook. Please see one of the directors with any questions/concerns. I have read and understood both the registration form and Summer Camp Handbook.</p>		
<p>Dismissals - Children dismissed from either program, are immediately dismissed from both day camp programs.</p>		
<p>Registration - I acknowledge that the information included in this packet is current and correct to the best of my abilities. If any of the information (such as contact or custody information) changes, I will notify the Childcare/Camp Director immediately. Parent/Guardian Signature _____ Date _____</p>		

Release & Policy Information For Summer Enrichment Program	Parent/ Guardian Initials
<p>Open Swim Release (if CDC restrictions allow) - I would like my child to participate in open swim time as available. I understand my child may not be able to go everyday it is offered due to the schedule and limited space. There are limited options of swim attire to borrow. Please list your child's ability in the water (circle one): Beginner Moderate Advanced</p>	
<p>Release for Climbing Wall / Gronk Zone / Adventure Playland (inflatable & structured playground) - I give my permission for my child to participate in the Adventure Playland, Climbing Wall, and Gronk Zone programs. I understand that these areas are not a part of the childcare center, but childcare staff will be supervising at all times. Children are required to wear socks in the Adventure Playland area and both socks and sneakers on the Climbing Wall and in the Gronk Zone.</p>	
<p>Youth Fitness Classes I give permission for my child to participate in Kid Fit, yoga, boxing or other fitness classes with certified wellness instructors/personal trainers. I understand that this area (Gronk Zone) is not part of childcare and that a certified wellness instructor will be supervising at all times. Children must have socks and sneakers to participate.</p>	
<p>Technology Use Policy - Your child will have access to the internet in our Tech Lab. In order to maximize the benefits of the internet use and minimize any possible dangers, we have created specific guidelines that are to be followed at all times. All parents must review guidelines with their child(ren) and provide consent for their child(ren) to view and/or use the network. I have reviewed the technology policy with my child(ren), located in the Summer Camp Handbook and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.</p>	

SKILLS

On a scale of 1-5, rate your skill in each area (1=Low; 5=High):

- | | | |
|---------------------|---------------------------|---------------------------|
| ___ Swimming | ___ Sports | ___ Musical Instrument |
| ___ Canoeing | ___ Nature Identification | ___ Drama/Performing Arts |
| ___ Paddle Boarding | ___ Nature Crafts | ___ Arts & Crafts |
| ___ Kayaking | ___ Orienteering | ___ Drawing/Painting |
| ___ Ropes Course | ___ Outdoor Cooking | ___ Fishing |
| ___ Rock Climbing | ___ Outdoor Living Skills | ___ Story Telling |
| ___ Knots | ___ Ecology | ___ Archery |
| ___ Games | ___ Singing | |

EXPERIENCE IN CLUBS, ORGANIZATIONS OR TEAMS

Club/Organization/Team Name	# Years Experience	Position

OTHER RELATED LEADERSHIP OR WORK EXPERIENCE

Leadership Courses Taken: _____

Leadership Experience: _____

Work or Volunteer Experience: _____

CERTIFICATIONS

Please list date and place certified as well as level achieved and certifying organization:

Swimming (circle verifying organization) American Red Cross YMCA BSA _____

First Aid/CPR _____

SUMMER ENRICHMENT PROGRAM QUESTIONS (REQUIRED FOR SEP)

Why are you interested in working as a CIT in our program? _____

What are some skills and interests that you bring with you into this role? _____

What are some skills you wish to improve through this role? _____

What experience do you have overseeing and mentoring youth? _____

Do you have a particular age group you are interested in working with? _____

MINOR Participant Waiver, Release, Indemnification

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center (herein known as AYCC) Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in AYCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with AYCC participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with AYCC participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, personal disability, and death. Participating in AYCC programs or accessing AYCC facilities could increase the risk of contracting COVID-19.** AYCC in no way warrants that COVID-19 infection will not occur through participation in AYCC programs of accessing AYCC facilities. _____ **Initials**

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in AYCC activities/programs I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the AYCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. _____ **Initials**

In consideration of the named minor's participation in any AYCC activities/programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's AYCC activities/programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in AYCC activities/programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in AYCC activities/programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in AYCC activities/programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly) _____ **Date** _____

Parent/Guardian Signature _____ **Printed Name** _____