

# Camp Rorie-Galloway Summer Day Camp **COUNSELOR IN TRAINING (C.I.T.)**

## **Information and Application Process**

### **Counselor in Training (C.I.T.) Program**

#### **Ages 14-15 years old**

This program is designed for enthusiastic and responsible teens looking to develop leadership skills, gain hands-on experience working with children, and prepare for future roles as camp counselors. C.I.T.'s will assist counselors in leading activities, and help create a fun, safe, and inclusive camp environment. Ideal candidates should be eager to learn, enjoy working with children, and be ready to take on new challenges. C.I.T.'s will be assigned to work at our Outdoor Adventure Camp Rorie Galloway.

#### **Cost:**

\$30 per week (Covers cost of t-shirt, training, and field trip expenses. Fee due upon acceptance into the program)

#### **To apply: All applicants must complete the following:**

1. Application-with required signatures
2. Medical Form
3. A letter of recommendation from a schoolteacher, counselor, or youth organization leader.
4. Typed supplemental document that answers the required questions.

**Applications should be received no later than May 9, 2025.**

Submit completed applications to:

**Judy Schwartz, Summer Camp Coordinator/Supervisor**

Mesquite Parks & Recreation Department

1515 N. Galloway Ave.

Mesquite, Texas 75149

Phone: 972-216-6421

Email: [jschwartz@cityofmesquite.com](mailto:jschwartz@cityofmesquite.com)

Applications will be reviewed by City of Mesquite staff and those selected for an interview will be notified to appear for an interview with city staff. Only the best candidates will be chosen to serve as a counselor in training. Keep this page for your information.

# COUNSELOR IN TRAINING (C.I.T.) Application

(Please print)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sex: M F Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Summer Address: *(if different from above)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contacts:	Relation to Camper	Phone#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

School Name: \_\_\_\_\_

Last Day of School: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Next Fall: \_\_\_\_\_

Dates available This Summer: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any days/weeks you are not available: \_\_\_\_\_

\_\_\_\_\_

Were you ever a camper at Camp Rorie-Galloway? Yes or No If yes, when? \_\_\_\_\_

Have you ever previously served as a C.I.T.? Yes or No If yes, when? \_\_\_\_\_

How did you hear about the C.I.T. program? \_\_\_\_\_

\_\_\_\_\_

## *Experience*

**Swimming Experience:**

Non-Swimmer       Beginner       Intermediate       Advanced

Have you completed a First Aid Course?      \_\_\_ Yes \_\_\_ No

Have you completed a CPR Course?      \_\_\_ Yes \_\_\_ No

Do you feel qualified to handle an emergency?      \_\_\_ Yes \_\_\_ No

**Skills and Interests (check all that apply)**

\_\_\_ Arts & Crafts      \_\_\_ Games  
\_\_\_ Archery      \_\_\_ Fishing  
\_\_\_ Swimming      \_\_\_ Plays & Skits  
\_\_\_ Challenge Course      \_\_\_ Nature/Hiking

**Sessions Available**

\_\_\_ June 2-6      \_\_\_ July 7-11  
\_\_\_ June 9-13      \_\_\_ July 14-18  
\_\_\_ June 16-20      \_\_\_ July 21-25  
\_\_\_ June 23-27      \_\_\_ July 28- August 1  
\_\_\_ June 30-July 3      \_\_\_ Aug. 4-8

\*Please indicate if you can only work certain days\*

**C.I.T. Statement of Intent**

I desire to serve as a Counselor-in-Training for the Rorie-Galloway Day Camp Program. I promise to abide by the City of Mesquite Standards of Care, to respect the supervision of the Camp Supervisors, and to cooperate fully with other Camp Counselors. I understand that the safety and wellbeing of every camp participant is critical to the duties of a C.I.T. I understand I will be required to participate in the training opportunities and planning events for the summer camp program. Failure to attend training, follow City of Mesquite policies and guidelines, and/or failure to perform assigned duties and tasks as instructed will result in dismissal from the program.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian's Permission**

I have read the information about the C.I.T. Program and my youth's Statement of Intent; and I hereby give the above-signed youth permission to serve as a C.I.T. this summer. I understand that my child will be given clear expectations for the performance of duties and rules and regulations to follow. Once accepted into the program, a work schedule with clearly defined days and times to work will be created based upon their individual needs and/or family's summer schedule. Failure to meet expectations will result in dismissal from the program without refund of any fees paid. I understand it is my responsibility to provide transportation, meals and snacks for my child each day. I will support the City of Mesquite staff and encourage my child's efforts to make this a successful and positive experience.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

## *Counselor-In-Training Medical Form*

**Your Name** \_\_\_\_\_

**Parents' Name** \_\_\_\_\_

Known allergies (food, medicines, insects, plants, etc.) \_\_\_\_\_

Food restrictions \_\_\_\_\_

Special medical problems:

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Asthma

\_\_\_\_\_ ADD/ADHD

\_\_\_\_\_ Convulsions/Seizures

\_\_\_\_\_ Other \_\_\_\_\_

Medications to be taken during camp \_\_\_\_\_

Restrictions on activities \_\_\_\_\_

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Note: If your child must receive medication during camp, please deliver it to the Camp Supervisor with clearly written instructions. Medication will be administered only according to the written instructions of an unexpired prescription. Do not send more than one day's dose of medication. A daily medication log is kept for our records.

Camp Rorie Galloway has my permission, in any emergency when I cannot be contacted, to take my child to the nearest emergency room, and its staff may have authorization to provide treatment, which a physician deems necessary for the wellbeing of my child.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## Supplemental Questions for C.I.T. Selection Process

All applicants are required to submit the following information on a separate sheet of paper.

- Type your name and contact information (phone and email) at the top of the page.
- Type the question, then answer the question to the best of your ability.
- Only typed submissions will be accepted.

1. If you attended summer camp as a child (either at ours or a different camp), what do you remember most? Why? What was your favorite thing about camp? Who (if anyone) do you remember?
2. Why do you want to be a C.I.T.?
3. Please describe an opportunity you have had to play or work with children in a “supervisory” role.
4. Have you ever been part of a youth organization (school, club, Boy Scout/Girl Scout, etc.)? If so, what did you learn from these experiences that would benefit your participation in the C.I.T. program.
5. What words would a child who knows you use to describe you?
6. How would you describe yourself to someone who doesn’t know you?
7. As a child what adult(s) did you look up to and why?
8. What do you think a child wants most from a summer camp experience, and what can you do to make that happen for them?