



Borough of Woodcliff Lake
Parks & Recreation Dept.
188 Pascack Road
Woodcliff Lake, NJ 07677
T: 201-391-4977
F: 201-391-8830

March 2018

Dear Families and potential CITs,

Thank you for your interest in the Counselor-in-Training Program at Camp Algonquin, currently available for teens ages 12-13. The program is a work-oriented experience that gives participants the opportunity to work under qualified counselors and Camp Co-Directors to begin to learn and understand the demands and responsibilities of a counselor's job. It is designed for those who are interested in learning about leadership, teamwork and working with elementary-aged children. Counselors-in-Training are seen as leaders in the camp and role models for the campers. The highest standards of conduct, attitude and morality are expected and demanded both while working with campers and during free time. Your child will receive a community service letter and certificate of completion for this program.

Tuition for the program is \$150 per week. Camp Algonquin runs for 6 weeks—June 25 through August 3—and applicants may sign up for any number of weeks, with a guaranteed minimum of 2 weeks. CITs who enroll will be required to attend a mandatory Pediatric First Aid/CPR & AED course taught by the American Red Cross, hosted by the Parks & Recreation Department. The course will be held on Sunday June 3rd at the Tice Senior Center from Noon – 5:30pm. Please only apply if you can commit to attending this course. Acceptance in the CIT Program will not result in a position at Camp Algonquin if this requirement is not met.

Registration will open up online at <https://register.communitypass.net/reg/> beginning March 1st with hiring concluding on April 27th, no exceptions. **Space is limited. Late applications will not be accepted. Please note that Community Pass is only one step of the registration process; your child's registration is not complete until the enclosed application is submitted with all requested information.**

Feel free to contact us at (201) 391-4977 ext. 219 or visit our website at www.wclnj.com for details. We look forward to a fun and exciting summer, and providing your child with a memorable camp experience.

Sincerely,

Elizabeth A. Calderone
Director, Parks & Recreation
ecalderone@wclnj.com



CIT Application - Summer 2018

Camp begins Monday, June 25 – August 3 (no camp July 4)

Hours: 8:30am – 4:00pm (unpaid position)

(hours are flexible – no more than 40 hours per week)

New Applicant

Returning CIT (references not required)

Child's Name: _____ Male Female Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Please indicate which weeks you would like to work: _____

1. What are your extra-curricular activities? (volunteer experience/community service, school activities, and summer programs)

2. In 200 words or less, why are you interested in being a Camp Algonquin CIT?

3. What else would you like us to know about you?

4. Are you First Aid/CPR trained? _____ Expires: _____ (attach copy of your card)

Your signature attests that you have answered all questions honestly and that you will comply with all Camp Algonquin's policies and guidelines. Your signature also gives permission for the camp to check references. Any untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

CIT Signature: _____ Date: _____

REFERENCES: Please have 2 people, other than relatives, complete the enclosed reference form, including at least one teacher or coach.

CAMP ALGONQUIN School-Age Programs

Personal data form / Medical update / Permission form

CIT Name: _____

Family information / communication

Parent/Guardian Name: _____ Male Female Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email Address: _____

Parent/Guardian Name: _____ Male Female Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email Address: _____

Do parents live together? _____ **If no, with whom does the child reside?** _____

**Non-custodial parent address: _____

If parents are divorced / separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. Are there restrictions on pickups or visitation? no yes – court order attached

Emergency information / communication

If I am unable to pick-up or be reached regarding important matters pertaining to my child, I authorize these people to pick-up my child or answer questions.

Name: _____ Relationship to Child: _____

Daytime Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Daytime Phone: _____ Cell Phone: _____

- YES**, I give permission for Camp Algonquin to transport my child to and from summer camp for field trips as applicable. I understand that the transportation will be appropriately supervised. I understand that the Camp Algonquin and its employees assume no liability in case of an accident outside of our authority.
- YES**, I have read this entire application and I agree to abide by all terms and regulations.
- YES**, the child named on this contract is in good health and is able to fully participate in all activities offered at Camp Algonquin summer camp. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the Borough of Woodcliff Lake/ Camp Algonquin to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp to provide needed care including any resuscitation efforts and emergency room care.

Pediatrician's Name: _____ **Phone:** _____

Date of Last Physical Exam: _____ **Were results of exam normal?** Yes No

Please include a copy of your latest physical.

Any Medical Issues/ Allergies? No Yes, describe: _____

If your child has allergies requiring medical treatment – please send a care plan from your doctor.

Any Learning / Behavioral issues? No Yes, describe include copy of latest IEP

Signature of Parent / Guardian

Date

CAMP ALGONQUIN

Photo/Video Release Form

This form indicates whether you do/do not give the Borough of Woodcliff Lake/Camp Algonquin permission to use your or your child's photograph/video for public relations and/or marketing purposes*.

Yes, you have permission to use my or my child's photo/video for the following:

(Please check all appropriate boxes below)

- Flyers & Brochures
- Website
- Facebook
- Internal Displays
- Newsletters/Annual Report
- Newspaper Advertising
- Community Events/Displays

No, you do not have my permission.

Date: _____

Adult/Parent Name: _____

Child's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Email: _____

Signature: _____

Site: _____ Camp: _____ Program: _____

*Your consent gives the Borough of Woodcliff Lake/Camp Algonquin permission to use any photo from the above date.

www.wclinj.com



Counselor-In-Training Reference Request

_____ has applied for Camp Algonquin's summer Counselor-In-Training program and has given your name as a reference.

Have you had the opportunity to observe the applicant interacting with school-aged children? If so, what kind of setting?

Have you observed the applicant in leadership situations? Please comment on those observations.

How would you describe the applicant's character, temperament and maturity, how well do they interact with others?

How would you rate the applicant's potential for working with children in a summer camp?

How does this individual model a healthy lifestyle? (e.g., health and nutritional habits; attitudes toward smoking, alcohol, and drugs; physical fitness; attitudes about self and others; community involvement; environmental awareness)

If we have questions, may we contact you? Yes No If yes, please indicate your telephone number and the best time to reach you: Phone: _____ Best Time to Call: _____

Print Name: _____
Signature of Reference Position / Title Organization Date

Thank you for your assistance in helping to evaluate this individual!

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