



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

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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 3<sup>rd</sup> 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 1<sup>st</sup> with hiring concluding on April 27<sup>th</sup>, 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](http://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](mailto: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: \_\_\_\_\_

- 1. 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.
- 2. YES**, I have read this entire application and I agree to abide by all terms and regulations.
- 3. 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.wclnj.com](http://www.wclnj.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?

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

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

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

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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)

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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!

**Return Application To:**  
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Position / Title

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