



**Wilmington Recreation Department
Playground Program
2020
Counselor-in-Training Application**

New
Applicant

Application must be completed by the Applicant

Name _____ Age _____ Date of Birth ____/____/____

Address _____ Shirt Size: ☐ A-S ☐ A-M ☐ A-L ☐ A-XL

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Entering Grade _____ School _____

Have you attended the Playground Program? No ☐ Yes ☐ If yes, number of years _____

What experience do you have working with children? (Sports, coaching, babysitting, volunteer work, etc.)

Why do you want to be a Counselor-in-Training? _____

The Playground Staff and CIT's are asked to lead a wide variety of activities for the program. What are your hobbies, interests and/or skills that you could share with playgrounders to enhance the program?

If someone from the Recreation Department were to speak to your principal or one of your teachers, what would he or she say about you? _____

Tentative Playground Program dates: Wednesday, June 24 – Tuesday, August 4 (No July 3).

Daily hours of attendance: 8:30 a.m. – 1 p.m.

Orientation: Tuesday, June 23, 10:00 a.m. – 12:00 p.m.

I understand that I cannot be absent more than **5 days** during the program.

(please initial)

Are there days that you know you will not be available? _____

I understand that the CIT program allows me to move from participant to volunteer. I understand that this is a skill-building program offering me the opportunity for community service with no guarantee of future employment with the town.

Signature

Date

If you are chosen to be a Counselor-in-Training there will be a non-refundable program fee of \$25.

Please do **not** include payment with this application.

Please return this completed application to the Recreation Department by **Friday, March 13, 2020.**

**Wilmington Recreation Department, Town Hall, Room 8, 121 Glen Road, Wilmington, MA 01887
(978) 658 – 4270 www.wilmingtonma.gov**