



# K.I.D.S. Camp Counselor-In-Training Application

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Cell:	Home:
	Best time to contact you at home is: ____:____AM/PM	
Email Address:	Date of Birth:	

Parent/Guardian	Last Name	First Name
Telephone Number(s)	Cell:	Home:
	Best time to contact them at home is: ____:____AM/PM	
Email Address:		

Availability—please mark the weeks you are available to attend camp. Please note that C.I.T.S. must be able to attend 5 out of the 7 weeks.

<input type="radio"/> Week 1 (June 26 - June 30)	Notes: _____
<input type="radio"/> Week 2 ( July 3 - July 7)	Notes: _____
<input type="radio"/> Week 3 (July 10 - July 14)	Notes: _____
<input type="radio"/> Week 4 (July 17 - July 21)	Notes: _____
<input type="radio"/> Week 5 (July 24 - July 28)	Notes: _____
<input type="radio"/> Week 6 ( July 31 - August 4)	Notes: _____
<input type="radio"/> Week 7(August 7 - August 11)	Notes: _____

	Circle one	
Have you ever attended camp as a camper before? If yes, how many years? _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you ever been a counselor-in-training before? If yes, how many years? _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>

List any extra curricular activities, clubs, or programs that you are involved with:

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List any skills, hobbies, or interests of yours that may prove beneficial to you as a CIT:

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In your opinion, what are the *most important* qualities of a both a counselor and a counselor-in-training?

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Why do you wish to volunteer as a counselor-in-training?

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Why should we select you over other qualified candidates?

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**PLEASE READ CAREFULLY BEFORE SIGNING**

My signature below indicates that I have read, I understand and I agree to the following:

1. The information provided by me in this employment application is true and complete. If I am hired, the discovery of false information provided or relevant information omitted – no matter when discovered – will result in the termination of my employment.
2. I authorize and encourage Quakertown Borough to make whatever inquiries it considers necessary of any person or organization which is not a consumer reporting agency to verify any information provided in this application to determine my job-related qualifications and abilities. In exchange for Quakertown Borough’s agreement to receive, process, and consider my application for employment, I release Quakertown Borough and all persons, schools, and organization contacted by Quakertown Borough from liability for any damages arising out of Quakertown Borough’s verification of the information provided in this application and/or its determination of my job-related qualifications and abilities.
3. Additionally, as part of Quakertown Borough’s procedure for processing employment applications, there may be a job-related investigation and/or a report made by a consumer reporting agency. Information may be obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others who know me. This inquiry may include information concerning my character, work habits – including reasons for past terminations from employment – general reputation, personal characteristics, and mode of living, to the extent they bear on my ability to perform the essential functions of the job(s) sought by me. I authorize a report made and to make whatever inquiries it considers necessary in connection with my application for employment or in the course of review of my employment. I authorize and encourage all person, schools, or organizations including, without limitation, companies, corporations, credit bureaus, departments of motor vehicles, and law enforcement agencies, to supply job-related information concerning my background to Quakertown Borough and its agents. I release Quakertown Borough, its employees and agents, and all persons who provide information concerning me to Quakertown Borough; its employees or agents, from liability for any damages arising out of supplying, receiving, or acting upon such information.
4. My application will apply only to currently available openings, and I must file other applications in the future to the extent that I seek employment in the future from Quakertown Borough.
5. Except as otherwise provided by a signed agreement covering my employment, if hired, my employment at Quakertown Borough would be “at will” and would continue only as long as I or Quakertown Borough wish it to continue. Either I or Quakertown Borough may terminate my employment at any time for any or no reason except as provided by law or signed agreement. To be effective, any modification of this “at will” arrangement must be in writing and signed by me and an authorized representative of Quakertown Borough.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant’s Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature



# BOROUGH OF QUAKERTOWN

## KIDS Camp – Counselor-In-Training

### Emergency Contact Information

#### Information

Name:		
Current address:		
City:	State:	ZIP:
Home Phone:	Cell Phone:	Work Phone:
Email:		

#### Emergency Contact Information

Name:		
Current address:		
City:	State:	ZIP:
Home Phone:	Cell Phone:	Relation:
Email:		

Name:		
Current address:		
City:	State:	ZIP:
Home Phone:	Cell Phone:	Relation:
Email:		



# QUAKERTOWN BOROUGH K.I.D.S. CAMP CONSENT TO TREAT

**Camper's Name:** \_\_\_\_\_

HEALTH CONCERNS:		MEDICATIONS:	
DOCTORS OFFICE		DOCTORS PHONE #	
INSURANCE COMPANY		POLICY HOLDER'S NAME	
INSURANCE PLAN		GROUP/ PLAN # (IF APPLICABLE)	

I hereby authorize physicians, nurses, hospitals, and their authorized personnel, whether employed, contracted, or paid on a fee basis by the Borough of Quakertown, to perform treatments and procedures as deemed necessary; and release all medical or hospital records possessed by the Borough of Quakertown to other physicians, nurses, hospitals, and their authorized personnel. All releases and authorizations are for performance of treatment, procedures, and medications as deemed necessary for my camper/ applicant.

\_\_\_\_\_  
Parent / Guardian Printed Name

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

\_\_\_\_\_  
Date