

*City of San Fernando Day Camp  
Counselor in Training (CIT) Program Application*

***City of San Fernando  
2022 Summer Day Camp  
Counselor-in-Training (CIT) Program Application***

Please make sure to go review the application with your parent(s) or guardian(s).

Complete and sign the EACH of the following forms:

- ✓ Youth Volunteer Personal Information
- ✓ Availability Hours
- ✓ Youth Volunteer Agreement
- ✓ Community Services Division and Volunteer Agreement
- ✓ Parental Consent
- ✓ COVID-19 Acceptance of Risk and Waiver of Liability
- ✓ General Policies
- ✓ Disciplinary Agreement
- ✓ Trip Rules

Please return **COMPLETED** application to Las Palmas Park (505 S. Huntington St. San Fernando) no later than Friday, **June 3, 2022 by 5:00 pm.**

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## Youth Volunteer Personal Information

Name (Last Name, First Name MI):			
Home Address:			
City:		State:	Zip Code:
Birthdate: (mm/dd/yr)	Age as of June 14, 2022:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Grad Year: 20 ____
Youth Volunteer's E-Mail:		Youth Volunteer's Phone Number:	
Parent/ Guardian's Name:			
Parent/Guardian's Primary E-Mail:		Parent/Guardian's Primary Phone Number:	
Emergency Contact's Name:			
Emergency Contact Phone Number:		Relationship: <input type="checkbox"/> Parent/ Guardian <input type="checkbox"/> Sibling (18yrs or older) <input type="checkbox"/> Other: _____	
<i>Allergies or any medical conditions which should be known by physician administering treatment:</i>			

## Youth Volunteer School Information

<b>Complete School's Name and Address of School You Currently Attend:</b> _____ _____ _____	<b>Type of School:</b> <input type="checkbox"/> LAUSD <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other:
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<p>Will you be attending Summer School?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If you checked yes, what dates and time will you be attending Summer School?</p> <p>Dates: From: _____ to _____</p> <p>Times: From: _____ to _____</p>
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<p>Do you have a sibling who will be attending this camp?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If you checked yes, what dates and time will your sibling be attending camp?</p> <p>Dates: From: _____ to _____</p> <p>Times: From: _____ to _____</p>
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**Intention:**

I want to participate in the Counselor in Training (CIT) Program because: (check all that apply)

- I would like to be a counselor one day
- I would like to learn how to be a leader
- I am completing service hours for my school
- My parent(s)/ guardian(s) want(s) me to come
- I enjoyed coming to Summer Camp as a camper
- Other: \_\_\_\_\_

**Please answer the following 3 questions:**

1. What experience do you want to gain from participating in the Counselor in Training Volunteer Program?

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2. If I were to ask one of your teachers, counselors, or coaches about you, what would they say about you?

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**Availability Hours Form**

1. Form **MUST** be completed *before* you can be added to the schedule.
2. Form **MUST** be completed with a parent/guardian.
3. We are **NOT** responsible for scheduling conflicts if you fail to inform your CIT counselor of any changes.
4. It is your responsibility to inform your CIT counselor if your availability changes or if you will be out unexpectedly.

**Instructions:**

**NOTE:** You must be able to attend at least **4** days out of the week.

**NOTE:** You must be available to volunteer at **least 5 hours** per day.

In each box, **highlight or circle** the times you are available:

**Example:**

Monday	Tuesday	Wednesday	Thursday	Friday
8:00am – 9:00am	8:00am – 9:00am	8:00am – 9:00am	8:00am – 9:00am	8:00am – 9:00am
9:00am – 12:00pm	9:00am – 12:00pm	9:00am – 12:00pm	9:00am – 12:00pm	9:00am – 12:00pm
9:00am – 3:00pm	9:00am – 3:00pm	9:00am – 3:00pm	9:00am – 3:00pm	9:00am – 3:00pm
12:00pm – 3:00pm	12:00pm – 3:00pm	12:00pm – 3:00pm	12:00pm – 3:00pm	12:00pm – 3:00pm
3:00pm – 5:00pm	3:00pm – 5:00pm	3:00pm – 5:00pm	3:00pm – 5:00pm	3:00pm – 5:00pm

Monday	Tuesday	Wednesday	Thursday	Friday
8:00am – 9:00am	8:00am – 9:00am	8:00am – 9:00am	8:00am – 9:00am	8:00am – 9:00am
9:00am – 12:00pm	9:00am – 12:00pm	9:00am – 12:00pm	9:00am – 12:00pm	9:00am – 12:00pm
9:00am – 3:00pm	9:00am – 3:00pm	9:00am – 3:00pm	9:00am – 3:00pm	9:00am – 3:00pm
12:00pm – 3:00pm	12:00pm – 3:00pm	12:00pm – 3:00pm	12:00pm – 3:00pm	12:00pm – 3:00pm
3:00pm – 5:00pm	3:00pm – 5:00pm	3:00pm – 5:00pm	3:00pm – 5:00pm	3:00pm – 5:00pm

**Notes/Explanations: (ex. Family Vacation/ Out of Town Dates, etc.)**

EX) 7/4/2021 - 7/8/2021	Out of Town Family Vacation

\_\_\_\_\_  
Applicant Name (CIT)

\_\_\_\_\_  
Applicant Signature (CIT)

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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**General Policies**

1. Participants must be age appropriate by the first day they attend.
2. Registration is on a first come first serve basis as there are limited spaces available.
3. Participants with an unexcused absence may be dropped from the program and their spot filled from the Waiting List.
4. No Refunds unless the program is cancelled. There are no credits or make-up days for missed days.
5. **DRESS CODE:** No ripped jeans. No open toes shoes. No leggings/ yoga pants. No basketball shorts. The CIT Volunteer Manual will give description of full dress code.
6. **PHOTO RELEASE:** By registering, you authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.
7. The facility is NOT responsible for lost or stolen articles.

**I acknowledge that I have read, understand, and consent to all of the policies and authorizations as listed on this document. By my child's participation I agree to follow and abide by these rules.**

**Print Parent/Guardian:** \_\_\_\_\_

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

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

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**Youth Volunteer Agreement**

This agreement is intended to indicate the seriousness with which we treat our CIT volunteers. The intent of the agreement is to assure our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one. The Day Camp Program is committed to the following:

- To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
- To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
- To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual needs and individual requirements of the volunteers.
- To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
- To treat participants with respect and equality.

CIT's are representatives of the City of San Fernando Recreation and Community Services Department, especially when at the program **and** in uniform. The following are a list of expectations for the CIT's to follow:

- Perform duties to the best of my ability
- Attend required trainings before camp starts and during the summer
- Listen and cooperate with adult counselors and staff, if the participant feels they are being treated unfairly, they need contact the CIT Counselor.
- Be expected to comply with the CIT Volunteer Manual and to be faithful in honoring his/her volunteer hours.
- Meet assigned duty and time commitment every day, or to provide adequate notice so that alternate arrangements can be made

I have read and agree to follow the listed expectations while participating in the CIT Program. If not followed, I understand I may be dismissed from the program. I also know that I may be discharged for unsatisfactory work or inappropriate conduct.

Print Name (CIT Participant): \_\_\_\_\_

CIT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read and fully approve of the CIT expectations signed by my child.**

Print Name (Parent): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Community Services Division and Volunteer Agreement**

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to do the very best we can to make you volunteer experience here a productive and rewarding one.

**I. AGENCY**

The City of San Fernando Community Services Division, agrees to accept the services of following: \_\_\_\_\_ beginning \_\_\_\_\_, and we commit to the following:

- To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
- To ensure diligent supervisory aid to the volunteer and to provide feedback on performance. 10. To respect the skills, dignity, and individual needs of the volunteer, and to do our best to adjust to these individual needs of the volunteer, and to do our best to adjust to these individual requirements.
- To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
- To treat the volunteer as an equal partner with Department staff, jointly responsible for completion of the Department's mission.

**II. VOLUNTEER**

I, \_\_\_\_\_ agree to serve as a volunteer and commit to the following:

13. To perform my volunteer duties to the best of my ability.
14. To adhere to agency rules and procedures, including record-keeping requirements and confidentiality of agency and client information.
15. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

**III. AGREED TO:**

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Staff Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This agreement may be canceled at any time at the discretion of either of the parties, but will expire automatically on \_\_\_\_\_ unless renewed by both parties. Please return this Agreement to the Youth Specialist.

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**Parental Consent Form**

Dear Parent or Guardian,

In order for your son or daughter to become a Volunteer in the Counselor in Training (CIT) Program we must have a written consent. Please read and sign this form. If you have any questions or concerns, feel free to call the Recreation and Community Services Department at (818) 898-1290. You are also encouraged to visit the work site and speak to a staff person about the Program.

I give my permission for \_\_\_\_\_ (*Name of CIT Participant*) to the volunteer in the City of San Fernando Counselor in Training Program.

I understand that the following are a list of expectations for the CIT's to follow:

- To perform duties to the best of their ability
- Attend required trainings before camp starts and during the summer
- Listen and cooperate with adult counselors and staff, if the participant feels they are being treated unfairly, they should contact the CIT Coordinator
- Be expected to comply with the CIT Volunteer Manual and to be faithful in honoring his/her volunteer hours
- Meet assigned duty on time commitment every day, or to provide adequate notice so that alternate arrangements can be made
- Be expected to keep track of his/her volunteer hours and to turn in the Counselor in Training Volunteer Time Sheet at the end of each time period determine by the assigned supervisor

I also understand that, should my son/daughter fail to comply with the CIT Volunteer Manual or fail to keep a commitment without giving the supervisor adequate advance notice, he/she will be placed on probation and will have to have his/her participant reevaluated.

I hereby certify that I am the parent or guardian of the aforementioned participant or child (if participant is a minor) and that I am entitled to custody and control and I do hereby give permission for said participant to take part in the Counselor In Training Program, which is a program conducted by the City of San Fernando Recreation and Community Services Department. I further certify that said participant is of good health, has no physical or other impairment which would endanger him/her in participating in such an activity program and fully understands the risk involved in such a program.

In the event my son or daughter is injured or becomes critically ill and requires emergency medical attention, I give my consent for treatment from a licensed physician.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Volunteer

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**COVID-19 Acceptance of Risk and Waiver of Liability**

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of San Fernando Recreation and Community Services (RCS) property, participating in RCS programs, and utilizing RCS equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RCS permitting me and/or my child to participate in RCS programs during this emergency period.

*Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.*

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RCS property, participation in RCS programs, and utilization of RCS equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RCS, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child entering onto RCS property, participating in RCS programs, and utilizing RCS equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RCS or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

**Parent/Guardian Initials:** \_\_\_\_\_

**Authorization to Participate**

My child, a minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of San Fernando, Recreation and Community Services, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of San Fernando- Recreation and Community Services **CARRIES NO INSURANCE.**

**Parent/Guardian Initials:** \_\_\_\_\_

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**Consent to Treatment of a Minor**

I, as the parent and /or legal guardian of the minor participating in this program, do hereby authorize the City of San Fernando Recreation and Community Services to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

**Parent/Guardian Initials:** \_\_\_\_\_

  

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**Disciplinary Agreement**

I know that I may be discharged from work for unsatisfactory work or inappropriate conduct.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

I have read and fully approve of the responsibilities and regulations signed by my son/daughter.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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**TRIP RULES**

\_\_\_\_\_,

Name of Participant,

As a member of our Youth Training Program, you are required to follow certain rules and regulations that the Supervisor must give in order to have a safe and enjoyable trip. Please observe the following Instructions:

1. You must turn in a signed trip slip.
2. Be on the bus on time for departure or the bus will leave without you. It will be your parent's responsibility to provide transportation for you if you miss the bus.
3. You must follow all bus rules.
4. No swearing.
5. No fighting.
6. No shoplifting. If you are caught shoplifting, your parents will be called to take responsibility for you from that point on.
7. No smoking or drinking alcoholic beverages
8. Be courteous.
9. You may not leave designated areas approved by your counselor without permission.
10. We understand that teens must be picked up promptly after arrival from all trips. My parents or guardian and I have read the above requirements and agree with the rules and regulations for all trips.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date