

RETURN APPLICATION TO:
 1000 Sir Francis Drake Boulevard - # 14,
 San Anselmo, CA 94960
 Office: (415) 258-4640
 Fax: (415) 455-8229
 Email: mogrady@townofsananselmo.org



Application Deadline: April 28th, 2017



CAMP KIDMARIN

Counselor-In-Training Application 2017

CIT Applicant's Name	
Home Address	
City/Town	
Home Phone	
Date of Birth	
Age	
Parent #1 Name:	
Work #	
Cell #	
Email	
Parent #2 Name:	
Work #	
Cell #	
Email	

Please list two references: (1 relative and 1 non relative)

1.	()		
	NAME	PHONE	EMAIL
2.	()		
	NAME	PHONE	EMAIL

Please list any camp experience you have:

CAMP	YEAR	EXPERIENCE

AVAILABILITY

Camp KidMarin Mighty
(Entering 1st grade to 6th grade)
Monday - Friday (9:00 am - 3:00 pm)
You may need to be here from 8:45 am to 3:15 pm.

Each session is one week long. You must be available to volunteer every day during the sessions you check. You must also be available for a minimum of one full week, but may be assigned to two.

Please put a check next to **all the weeks you are available for:**

_____ Week 1	June 19 – June 23	Mighty Camp 9am-3pm
_____ Week 2	June 26 – June 30	Mighty Camp 9am-3pm
_____ Week 3	July 5 – July 7	Mighty Camp 9am-3pm
_____ Week 4	July 10– July 14	Mighty Camp 9am-3pm
_____ Week 5	July 17 – July 21	Mighty Camp 9am-3pm
_____ Week 6	July 24 – July 28	Mighty Camp 9am-3pm
_____ Week 7	July 31 – Aug. 4	Mighty Camp 9am-3pm
_____ Week 8	Aug. 7 – Aug. 11	Mighty Camp 9am-3pm
_____ Week 9	Aug. 14 – Aug. 18	Mighty Camp 9am-3pm

If my CIT is accepted into this program, I give permission to him/her to walk to the Red Hill Shopping Center alone during his/her lunch breaks by checking this box:

T-Shirt Size: _____ (Options are adult sizes S, M, L, XL, XXL)

Please check if you have any of the following certifications and list expiration date.

<u>Certification</u>	<u>Expiration Date</u>
_____ CPR	_____
_____ First Aid	_____
_____ Other	_____

1. Why do you want to be a CIT?

2. What age groups do you have experience with?

3. List 3 safety rules you think are important for children to follow at camp.

4. What are the most important qualities of a good leader or role model?

5. What hobbies or interests do you have that you think would be helpful in this position?

LIABILITY/CONSENT SECTION

Special Accommodations: (Food and other Allergies, Medical conditions, Medications etc):

Medical Information

Physician & Phone #	
Insurance Carrier & Policy #	
Preferred Hospital	
Dentist & Phone #	

Emergency Contacts

Please list persons to contact in case of emergency (other than yourself).

Please be sure the people listed below are notified that their name(s) are being used, are in regular contact with you, and are known to your child.

Name (1)	
Phone #1	
Phone #2	

Name (2)	
Phone #1	
Phone #2	

Waiver

I hereby give my permission that my child _____ may be given emergency treatment by a qualified staff member of the San Anselmo Recreation Department until parents can be contacted and be present and/or emergency care arrives for treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I also give San Anselmo Recreation my permission to transport my child on field trips off park

premises for program purposes. Photograph release; I agree that photo's and/or video may be used by the Recreation depart for marketing purposes. My child has permission to swim within the program. (I), the undersigned, understand that in the camp program strenuous physical activity, both aquatic and outdoor, are regular parts of camp. To the best of our knowledge, the above-named child is in excellent physical health and needs no restrictions from strenuous physical activity. If we have any questions regarding our child's health, we understand that it is our obligation to seek professional medical advice and inform the San Anselmo Recreation staff of any restrictions on our child's activities. I, the undersigned, agree to indemnify and hold harmless the Town of San Anselmo, San Anselmo Recreation Dept. and it's officers, contractors and employees, and any community organization co-sponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child arising out of or in any way connected with participation in the program(s) named above. MANDATORY ARBITRATION OF CLAIMS AGAINST THE TOWN. It is hereby expressly understood and agreed to by the undersigned that any claim asserted against the Town by the undersigned participant, either on behalf of him/her or on behalf of another person, on account of bodily injury, mental disturbance, death or property damage, sustained as a result of, or for any reason connected to the use of Town property, facilities or programs or acts or omissions of Town employees or volunteers pursuant to this registration, will be resolved by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. It is agreed that all claim submission, requirements, procedures, and deadlines and all immunities established by the Government Code or other provision of law will apply, but that the undersigned waives all rights to file a lawsuit and agrees, in lieu thereof, to resolving all claims and disputes through the arbitration process. THE TOWN AND THE UNDERSIGNED, BY EXECUTION OF THIS DOCUMENT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION.

Parent/Guardian Signature _____ Date _____

CIT Signature _____ Date _____

We will be in contact with you regarding an interview. Please note we only have limited space in this program and not all applicants will be accepted.

If you have any questions about this program, please contact Mattie O'Grady at 258-4670 or mogrady@townofsananselmo.org



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