



## COUNSELOR IN TRAINING PROGRAM

### FARM CAMP AT THE FARM INSTITUTE



#### *Counselor In Training Program Overview*

Farm Camp at TFI provides the opportunity for teens to gain valuable job experience working with children in an outdoor setting and to allow teens to be positive role models for younger campers. Counselors in Training are expected to assist camp counselors with camp activities, to actively lead games and activities with campers, and to create a welcoming atmosphere for all the children at camp. For the CIT program, CITs should be at least three years older than the campers in session and should be between 14-17 years of age. CIT's are required to participate in a minimum of 2 consecutive sessions of camp. Before beginning to work with campers, CIT's will complete required orientation training. In order to gain the most from their training experience, at the end of their training CIT's will complete a guided activity with campers from planning & development to implementation. After running their activity, each CIT will be evaluated by the Assistant Camp Manager who will provide insightful feedback after the activities completion.

#### ***Program Logistics***

The CIT program is available throughout our camp sessions at The FARM Institute running June 21 – August 27 2021. Please complete the application and email it to [TfIcamp@thetrustees.org](mailto:TfIcamp@thetrustees.org) or mail it to PO Box 1868, Edgartown, MA 02539. Counselors-In-Training are required to participate in a minimum of two consecutive camp sessions. Maximum sessions will be determined based on CIT demand. CITs are required to work from 8:30AM to 3:30PM, Monday through Friday. Our CIT program has the following structure to encourage CIT's to progress through the program and become camp educators: CIT's pay \$200/week for their first year, CIT's pay nothing their second year, and CIT's get paid a weekly \$200 stipend their third year, and if under 18 for their 4<sup>th</sup> year, they will receive an increased weekly stipend of \$225. We take the CIT's responsibility very seriously and reserve the right to deny an applicant or remove a CIT from the program if they are not behaving up to Farm Institute standards.

#### ***Program Objectives***

Our goal as a CIT program is to help counselors-in-training grow personally and socially. Through being open to constructive feedback CIT's will build skills in leadership, education, and working with children in an outdoor setting.

*CIT's will...*

- Actively participate in camp activities, engage campers, and ensure camper safety.
- Learn from counseling staff's direction, communication, and positive coaching.
- Learn accessible and adaptable activities under the guidance of camp counselors.
- Demonstrate the ability to plan and implement an activity with campers
- Participate in an evaluation, assessment and feedback sessions with peers, supervisors, and self.
- Complete an end-of-training evaluation with Assistant Camp Manager that includes formal evaluation of an activity conducted with campers as well as the overall experience evaluation.

## Counselor in Training 2021 Application

Applicant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Fall 2020: \_\_\_\_\_

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

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Applicant's E-mail: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Please circle below the camp sessions you are interested in - two minimum:

Week 1: June 21-25

Week 2: June 28-July 2

Week 3: July 5-9

Week 4: July 12-16

Week 5: July 19-23

Week 6: July 26-30

Week 7: August 2-6

Week 8: August 9-13

Week 9: August 16-20

Week 10: August 23-27

Please circle a specific age group you would like to work with. (We will do our best to match your preference):

- Sprouts: Age 4
- Growers: Age 5-6
- Harvesters: Age 7-9
- No preference

### **About you:**

Hobbies, sports, clubs, special interests:

What interests you about farming?

**Experience:**

Have you ever been to camp? Y/N Please describe your experience and what you liked or disliked about it.

Have you ever had a job or held a volunteer position? Y/N If yes, please describe your responsibilities.

**Expectations:**

What do you hope to learn or accomplish at The FARM Institute this summer?

Please give an example of a challenging group situation and how you handled it.

What do you want the children you lead to learn from you this summer?

**References**

Please list two references who can speak to your ability to work well with others. They may be coaches, job or volunteer supervisors, teachers, etc. but cannot be related to you.

1) Name: \_\_\_\_\_

Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone: \_\_\_\_\_

Brief description of your relationship with this reference:

1) Name: \_\_\_\_\_

Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Brief description of your relationship with this reference:

**Release of Information**

I understand that by signing this application, I am giving The FARM Institute permission to obtain and review my criminal (including juvenile) and motor vehicle records. (If requested, the applicant will be provided with a copy of the background check policy. A photocopy or fax of this authorization shall be sufficient to authorize this request.)

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

(Required if applicant is under 18)

**Medical Information**

Do you have any current health conditions or physical limitations requiring medication, treatment or special restrictions that we should be aware of as your work assignments are determined?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

The FARM Institute does not provide personal medical insurance.

Do you have your own? Yes \_\_\_\_\_ No \_\_\_\_\_ (Not having insurance does not prevent acceptance as a CIT participant, however, it is highly recommended).

Insurance Company \_\_\_\_\_ Effective date \_\_\_\_\_

Group I.D. Number \_\_\_\_\_ Individual I.D. Number \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Pre-Admission Certification Phone Number ( ) \_\_\_\_\_

**Known Allergies**

Mark all known	Specifics	Reaction	Treatment
Plants/Pollen			
Insect Stings			
Food			
Medications			
Animals			
Other			

**Immunization History**

Please attach a physician signed certificate of immunizations.

Required Immunizations (per the Massachusetts Department of Public Health)

1. **Measles, Mumps and Rubella (MMR) Vaccine:** At least one dose of MMR Vaccine must be administered at or after 12 months of age or there must be proof of laboratory evidence of immunity.

A second dose of live measles containing vaccine is required for all campers of any age.

Both doses of measles vaccine must be given at least one month apart, and be given at or after 12 months of age, or laboratory evidence of immunity.

2. **Polio Vaccine:** At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactivated polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IPV and OPV), a total of 4 doses are required.

3. **Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** At least four doses of DtaP/DTP/DT/Td are required, (the pertussis component is not given to anyone seven years of age or older). A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since last dose.

4. **Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required.

**Consent and Permission to Treat**

This health history is correct and complete so far as I know. I hereby give my permission to the designated health care personnel - including an off site health care consultant and on site health care supervisor, selected by the camp, to provide routine health care, administer prescribed and over-the-counter medications as noted, and to seek emergency medical treatment for my child/ward.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person herein described. I authorize the medications I have listed to be administered by the Education Manager, as directed, to the minor for whom it was prescribed.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Medical Information

Name of Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Medical/hospital insurance \_\_\_\_\_

Policy or Group # \_\_\_\_\_

**Medical Authorization**

If the CIT needs to have prescribed medication administered during camp hours, this section must be signed by the prescribing physician.

List any medication the CIT is bringing to camp, its use and dosage below.

All medication must be brought in its original container with the completed pharmacy label and must have specific instructions for use (CIT's name, dosage, # of pills, prescribing practitioner, pharmacy name & address). Please add additional sheet of paper if needed.

Medication #1 \_\_\_\_\_ Dose: \_\_\_\_\_ Time to administer: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Side effects: \_\_\_\_\_

Medication #2 \_\_\_\_\_ Dose: \_\_\_\_\_ Time to administer: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Side effects: \_\_\_\_\_

Please attach a separate page if more than two medications are prescribed.

Prescribing

Doctor: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Please identify any medications taken during the school year that CIT does/may not take during the summer:

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Please Note: The FARM Institute has basic first aid supplies. The FARM Institute staff will not administer ANY form of over-the-counter or prescribed medication without receiving the completed form above.