Hampshire Township Park District Counselor in Training (CIT) program 2026

ATTENTION TEENS!

COUNSELOR IN TRAINING PROGRAM (12-14Y) This is a special program for teen students who are entering in grades 7th through 9th this year or are 12 to 14 years old (as of June 1st 2026).

- The purpose of this program is to help the older youth of the Hampshire area develop leadership skills through a summer work experience.
- CIT are required to attend an intensive staff training prior to camp starting.
- Additional volunteer opportunities may exist for interested individuals.
- Hands on experience working with children, young adults and other professionals
- Leadership and Decision-Making, Time Management, Goal Setting, Organization, Understanding Expectations
- Resolves conflicts in a productive way by seeking help from Unit Head and counselors
- Adapts a "what's next mentality" and seeks opportunities to be helpful within the camp community
- Acts as a positive role model and stays present daily
- Accepts feedback from the CIT Unit Head, Directors and other staff members and uses it to reflect on and improve performance
- Performance evaluation given by Unit Head at the end of the summer session
- Phones and headphones out of sight and not used except for scheduled breaks and emergencies
- 3 days of attendance up to 5 days.

The Counselors in Training Program is a stepping stone between Camper registration (for children entering 1st-6th grades in Fall 2026) and our paid summer staff members (who must be 16 years old to apply). For that reason, **Counselors in Training are registered for the program by their parent/guardian and there is a weekly fee for participation in the program**.

In order to register for the program, each participant must complete and return the following:

1. Program Application
2. Activity Plan
3. Expectations and Responsibilities Information Sheet
4. 2 Personal References

Once registered and all documents are received, information on pre-camp leadership training will be emailed to both the CIT and the parent/guardian.

Camp Dates: Monday-Friday May 26-August 7, 2026 from 8:30am-4:00pm

Fees: $100 per week (required upon acceptance into the program)

Counselors-in-Training are REQUIRED to provide two (2) written letters of recommendation from non-family members. These should be returned with the application.

Hampshire Township Park District Counselor in Training (CIT) Application 2026

Name: _____

Last First Middle

Address: _____

Number Street City State/Zip

Phone #: _____ Parent Phone #: _____

CIT Email: _____ Parent Email: _____

Date of Birth: _____ Age of May 31, 2026_____

Current Grade in School: _____ (Completion of 6th grade required)

How did you learn about the Counselor-in-Training program?

_____

_____

Have you attended a camp before? If so, where and briefly describe your experience. _____

_____

_____

Have you been a Counselor-in-Training before? _____

List any skills, experiences, or traits that will make you a good Counselor-in-Training: _____

_____

_____

_____

_____

What types of hobbies such as sports, arts and/or recreational activities do you enjoy? _____

_____

_____

_____

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

_____

_____

_____

_____

What do you feel you will contribute to Hampshire Township summer camp as a Counselor-in-Training? _____

_____

_____

_____

Days looking to participate/attend Minimum of 3 days (please circle) M T W TH F

T-shirt size: S M L XL XXL

I understand that submission of this application doesn't guarantee acceptance into the Counselor-in-Training program. ☐

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Program Responsibilities and Expectations

Welcome to the Hampshire Township Park District's Counselor-In-Training program! You have registered for this program because you have the desire to develop your leadership skills. Over the course of summer break, you'll learn to use your unique talents and abilities to make a positive impact on the lives of participants in one or more

program areas. Not only will you build a solid foundation for future employment, you'll also gain essential skills and experience you'll need to become a responsible, caring, and self-confident adult. As a CIT, you are responsible not only to program participants, but also working with the C.I.T. Supervisor, your area Unit head, Camp Counselors, fellow CITs and other Hampshire Township Park District staff.

In particular, you are expected to:

- Take initiative
- Cooperate with co-workers and participate fully in all scheduled group activities
- Arrive promptly for scheduled work times
- Notify your area supervisor and the C.I.T. Supervisor if you will be absent or late
- Assist Park District staff as directed and adhere to Park District dress code policies
- Assist in supervising children kindly and conscientiously
- Carry out instructions accurately when asked
- Conduct yourself in a responsible, professional manner at all times
- Be eager to learn, dependable, loyal, honest, patient, and receptive to feedback and suggestions

In addition to these expectations, you will also be responsible for:

- Assisting in planning and implementing daily activities
- Interacting appropriately with program participants
- Leading crafts, games, and other group activities
- Assist in preparing, serving, and cleaning up snacks
- Helping to maintain order and discipline
- Recognizing and removing safety hazards
- Playing with/instructing children of varying ages
- Communicating with supervisors and the C.I.T Supervisor regarding absences, injuries, or discipline problems

Serving as a positive role model for program participants – projecting a positive, enthusiastic attitude and following rules If you have any questions about the CIT program or if you would like additional information, please call Ashley Freer, Early Childhood Program Director at 847/683-0896 email at afreer@hampshireparkdistrict.org.

I understand if I do not meet these expectations/follow HTPD policies I may receive verbal & written notices that could lead to suspension or termination as a CIT.

_____	_____	_____
CIT Print	CIT Signature	Date
_____	_____	_____
CIT Parent Print	CIT Parent Signature	Date

Activity Plan

Name of Activity: _____

What kind of activity is this? *Active Game Quiet Game Craft Ice Breaker Team-Builder*

What age range is this activity best for? *Kindergarten 1st 2nd 3rd 4th 5th 6th*

What size group is this activity best for? Small (5-10 campers) Medium/Large (11-30 campers)

How much space is needed for this activity? _____

About how much time will this activity take? _____

How many leaders does this activity need and what will they be doing? _____

What supplies are needed for this activity? (Include amount)

_____

_____

Are there any safety concerns for this activity?

_____

_____

_____

_____

List detailed instructions for this activity:

_____

_____

_____

_____

_____

List the rules for this activity:

_____

_____

_____

_____

_____

If necessary, draw a diagram to illustrate how this activity is set-up and performed and attached to this form.

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.

Hampshire Township Park District Waiver & Release

Waiver & Release

The Hampshire Township Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Hampshire Township Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Hampshire Township Park District to guarantee absolute safety.

Waiver and Release of all Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Hampshire Township Park District including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name (print): _____

Participant's Signature: _____

(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.