



## **Counselor In Training (CIT Program)**

# Step 1

**PACKET SENT FROM:**

Frank Cardenas

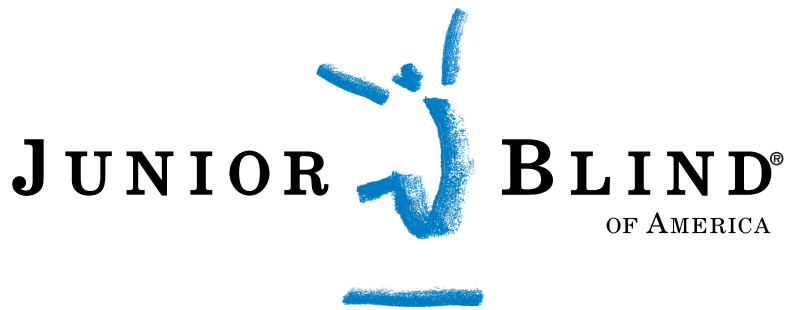
Director of Recreation

[fcardenas@juniorblind.org](mailto:fcardenas@juniorblind.org)

323-295-6392

**PLEASE RETURN THIS PACKET WITHIN TWO WEEKS OF  
RECEIVING TO THE DIRECTOR OF RECREATION:**

C.I.T Candidate 2012  
Attn: Frank Cardenas  
5300 Angeles Vista Blvd.  
Los Angeles, California 90043



Dear Camp Bloomfield CIT Candidate:

Thank you for your interest in the Camp Bloomfield Counselor in Training (CIT) program. Our 40 acre camp is located in the beautiful Santa Monica Mountains in Malibu, California, just 3 miles from the Pacific Ocean. We are seeking highly motivated High School students who enjoy working with children and love the outdoors.

CIT candidates in 9<sup>th</sup> or 10<sup>th</sup> grade are eligible to apply to the Elementary Camp session (**July 17-20, 2012**). CIT candidates in 11<sup>th</sup> or 12<sup>th</sup> grade are eligible to apply to the Junior Camp session (**July 9-13, 2012**). CIT's must be at least two years older than the campers in their assigned cabin during the session in order to meet the requirements of the American Camp Association (ACA).

All new candidates must attend the mandatory training at Camp Bloomfield **June 8-10, 2012**, in order to participate in the summer session. The training will focus on core areas of working with children in a residential camp setting. CIT candidates will participate in team building activities under blind fold. In addition, skills and techniques will be addressed in order to prepare the candidate for the summer sessions.

If you would like to be considered to be a CIT and be part of this wonderful life changing experience, please read and complete the following:

1. CIT candidate will complete and return Step 1 of the CIT application (attached) to the Director of Recreation.
2. The Director of Recreation will review Step 1 of the application and verify the professional references (2).
3. Step 2 will be emailed to the candidate immediately following the review and verification of the references.
4. CIT candidate will complete and return Step 2 of the CIT application to Yesenia Rivas.
5. Once Step 2 is processed, you will receive a confirmation letter (via email) to attend the mandatory training weekend.
6. On Tuesday, June 12, 2012, you will be notified of your status in the CIT program along with a confirmation letter to report to camp, if accepted.

I would like to thank you in advance for your time and volunteerism. Limited spaces are available for this outstanding program, so don't delay. Thank you and good luck!

Sincerely,  
*Frank Cardenas*  
Director of Recreation

*Share our vision*

**JUNIOR BLIND**  
**REGISTRATION PACKET\_ "CIT"**

(Please Type or Print in BLUE or BLACK ink)

**ADD PICTURE HERE**  
**(2x2)**

<b>Training Date (mandatory):</b> June 8-10, 2012 All New CIT's		<b>Junior Camp:</b> July 9-13, 2012 Grades 11 & 12		<b>Elementary :</b> July 17-20, 2012 Grades 9 & 10	
Last Name:		First Name:		Parent's Email <b>(Mandatory)</b> :	
Do you prefer being contacted through email?  <input type="radio"/> Yes <input type="radio"/> No		Vision:  <input type="radio"/> Sighted <input type="radio"/> Blind <input type="radio"/> Visually Impaired		T-Shirt (circle one):  Youth: S, M, L  Adult: S, M, L, XL, 2X, 3X	
Are you new to the program?  <input type="radio"/> Yes <input type="radio"/> No		Name of school: _____		School District: _____	
		Grade: 9,10,11,12		Date of Birth: _____	
		Gender: Male or Female		Age: _____	
Mailing Address: _____ _____		City: _____		Zip Code: _____	
		State: _____		County (i.e. Los Angeles): _____	
1 <sup>st</sup> Parent/Guardian Name:		Home Number:		Cell Number:	
				Work Number:	
2 <sup>nd</sup> Parent/Guardian Name:		Home Number:		Cell Number:	
				Work Number:	
<b>EMERGENCY: ADDITIONAL CONTACT IN EVENT PARENT(S)/ GUARDIAN(S) CAN NOT BE REACHED</b>					
Local friend or relative Name:		Relationship to Camper:		Cell Number:	
				Home Number:	
Signature of parent/guardian: <b>X</b> _____ Date: _____					

**Junior Blind  
Camp Bloomfield**

**CAMPER/PARENT/GUARDIAN MEDIATION AND ARBITRATION AGREEMENT**

This is an Agreement to mediate and arbitrate all unresolved disputes arising from the educational, recreational, special education school, and residential services between the undersigned student and/or their legal guardian and the Junior Blind.

In the event of any unresolved dispute, claim or controversy by the student and/or their legal guardian against Junior Blind, its directors, officers, employees or agents, the student and/or their legal guardian agrees to submit such unresolved dispute, claim or controversy, including but not limited to all claims for breach of contract and civil torts, to non-binding mediation before a neutral independent third-party mediator and, if that process does not result in full resolution of the dispute, to final and binding arbitration, including, but not limited to, claims for breach of contract and civil torts.

The arbitration shall be conducted by a single-arbitrator selected either by mutual agreement of the student and/or their legal guardian and the Junior Blind or, if they cannot agree, from an odd-numbered list of experienced arbitrators provided by the American Arbitration Association. Each party shall strike one arbitrator from the list alternately until one arbitrator remains.

The arbitrator shall have all powers conferred by law and a judgment may be entered on the award by a court of law having jurisdiction. The award and judgment shall be in writing and binding and final on both parties.

Each party shall have the right to conduct reasonable discovery, as determined by the arbitrator and as provided in California Code of Civil Procedure Section 1283.5(a).

The parties agree to submit any unresolved dispute or unresolved controversy arising out of or relating to the terms of the Agreement to mediation, and if that process does not result in full resolution of the dispute to final and binding arbitration by a single neutral arbitrator.

Junior Blind agrees to pay for 75% of the costs of the mediation and arbitration proceedings and the fees of the arbitrator. The remaining 25% of the costs and fees of the mediation and arbitration will be paid by the student and/or their legal guardian. Recognizing that parties involved in any such dispute may have limited resources, the parties agree to endeavor in good faith to identify a mediator and an arbitrator whose fees and costs are reasonable and affordable in light of that fact.

This agreement shall continue during the period of service delivery and thereafter regarding any related disputes. This agreement may only be modified for the Junior Blind by a written agreement signed by the President of the Junior Blind.

The student and/or their legal guardian understand that by signing this Agreement, he/she gives up his/her right to a civil trial and his/her right to a trial by jury.

If any of the provisions of this Agreement are found null, void, or inoperative, for any reason, the remaining provisions will remain in full force and effect.

I have read, understand, and received a copy of this document.

Print name of CIT: \_\_\_\_\_

Print name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Representative for Junior Blind (Don Ouimet, Vice President of Programs):

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

Junior Blind  
**Camp Bloomfield**

**“CIT”**

Last: Name:	First Name:	Middle:
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**MEDIA RELEASE**

Permission is hereby given to JUNIOR BLIND OF AMERICA<sup>®</sup> to use audio, video recordings, photographic and electronically created images of \_\_\_\_\_ (CIT's name) for public view, including publications, websites or social media sites. Usage of any images or audio is without compensation to said person or to the undersigned on his/her behalf, or individuality.

On occasion, specific students are identified for profile stories used in grant applications and reports, publications, websites or social media sites. Permission is hereby given to JUNIOR BLIND OF AMERICA<sup>®</sup> to publish in grant applications and reports, publications, websites or social media sites,

\_\_\_\_\_ (CIT's name) story with related quotes, after verbal and/or written approval of that story has been granted by said person or by the undersigned on his/her behalf or individuality.

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Print Parent or Guardian's Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INCOME INFORMATION**

Please answer the following questions as they apply to your household.

1. How many people live in your household? \_\_\_\_\_

2. What is your household's combined **gross annual income** from all sources \$\_\_\_\_\_

**Junior Blind  
Camp Bloomfield**

**“CIT”**

Last: Name:	First Name:	Middle:
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**ACTIVITY OPT-OUT**

I have **crossed-out** the following activities in which I **DO NOT** want my child to participate in:

Archery, Golf, Arts & Crafts, Climbing Wall, Ropes Course, Hiking, Horseback Riding, Drama, Tandem Bikes, Outdoor Living Skills, Swimming/ Instruction (Pool), Swimming (Beach), Evening activities, Nature, Beep Baseball, Goal ball, TeePee Overnighter, Extended Hiking, and/or Other: \_\_\_\_\_

Please note: All CIT's, regardless of swimming ability, are required to take the swim test and pass in order to access the deep end of the pool (5-10ft).

CIT's swimming ability (circle one): [**Non-Swimmer**] [Beginner] [Intermediate] [Advanced]

I hereby grant CIT named above permission to participate in all activities offered by or through Camp Bloomfield, with the exception of those activities that were crossed-out above. The undersigned parent, guardian, or custodian of the above named CIT hereby joins in the foregoing Activity Opt-Out Form and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend Camp Bloomfield, their directors, officers, agents, employees, and volunteers from and against any claims, actions, demands, expenses, liabilities (including reasonable attorney fees) for negligence as a result of said CIT'S participation in the activities of Camp Bloomfield and his or her use of the property, animals, and facilities. I, on behalf of said CIT, further agree not to sue Camp Bloomfield, its directors, officers, agents, employees, and volunteers as a result of any injury that said minor suffers from negligence in connection with his/her participation in the activities of Camp Bloomfield.

I represent that said CIT have no health or physical condition that will interfere with the activities stated above or cause him/her to be more susceptible to injury than the average person. If any health conditions are present, I assume the risks associated with any such health or physical condition.

Print name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZED RELEASE OF CIT**

CIT's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Session \_\_\_\_\_

I hereby authorize the following persons to pick up my child at the end of the session or in the event of an emergency: **(Please print)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Signature of parent/legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

When picking up the CIT, the person authorized must show a valid state ID or Drivers License.

**Junior Blind  
Camp Bloomfield**

**“CIT”**

Last: Name:

First Name:

Middle:

**AUTHORIZATION FOR TREATMENT OF CIT CONSENT, RELEASE, AND COVENANT**

The undersigned parent/guardian represents to Junior Blind that the minor named below is in his and/or her legal custody and control; and that the undersigned desires said minor to participate in the programs of Junior Blind, and that for purposes of said participation the undersigned agrees, authorizes and states as follows:

In case of medical or dental need or emergency, I (we) understand every effort will be made to contact parents/guardians of children. In the event I (we) cannot be reached, I (we) undersigned, parents/guardians of camper, do hereby authorize Junior Blind and its officers or staff employees as agent(s) for the undersigned to obtain and consent to any X-ray examination, anesthetic, medical, dental, surgical diagnosis, treatment and hospital care which is deemed advisable by, and is to be rendered to said minor under the general or special supervision of any surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital or by a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis of treatment is rendered at the office of said physician or dentist or at the said hospital.

I (we) also understand and agree that any and all such medical, dental, hospital or similar expenses incurred in the treatment of my (our) child will be borne by myself (ourselves,). We understand that no representation of such coverage exists or is intended by this form.

It is understood that this authorization is given in advance of any specific medical or dental diagnosis, treatment or care being required but is given to provide authority and power on the part of Junior Blind (as aforesaid) as my (our) agent(s), to give specific consent to any and all such diagnosis, treatment or care which a licensed physician or dentist in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California.

This authorization shall remain effective while the child is enrolled in Junior Blind's Recreation Programs, unless sooner revoked in writing and delivered. The undersigned further releases Junior Blind, its officers, agents, and employees from any and all legal responsibility for accidents or sickness occurring during or related to the period of time said person is a participant in programs of Junior Blind. I (we) further agree and covenant (for valuable consideration, receipt of which is acknowledged) that neither said person or I (we) will institute any suite or action of damage, loss or injury of any kind, whether to person or property, whether to me (us), individually, or as parents/guardians relating to the programs or activities of Junior Blind (including but not limited to Camp Bloomfield) in which the person participates.

**Parent/guardian Initials** \_\_\_\_\_

Current Medical Insurance is mandatory in order to participate in any recreation activity or event. Any medical costs incurred while participating in any Junior Blind's Recreation Program (Camp Bloomfield) shall be the responsibility of the participant's parent or guardian. Medical costs include: physician visit, emergency room visit, prescription medication, and/or emergency transportation. It is also to be understood and agreed that any and all such medical, dental, hospital, or similar expenses incurred in the treatment of the participant will be borne solely by the parent or guardian. If a situation requires medical treatment, the parent or guardian will be contacted by a staff member and informed of the situation. Should a situation arise where the parent or guardian cannot be reached, the participant will be taken to the local emergency facility for treatment.

**Parent/guardian Initials** \_\_\_\_\_

**I have carefully read information above, clearly understand, and voluntarily sign this Form agreement.**

**I HAVE READ AND WILL PROVIDE A COPY OF:**

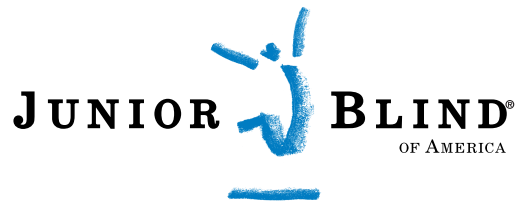
**MEDICAL INSURANCE CARD**

or

**State of California/Benefits Identification Card (MEDI-CAL)**

Print name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: **X** \_\_\_\_\_ Date: \_\_\_\_\_



**Camp Bloomfield  
Counselor in Training (CIT) Program  
Job Description**

**CIT Candidate's NAME:** \_\_\_\_\_

**PURPOSE OF CIT PROGRAM**

This position is primarily a teen's first step towards understanding the job of a counselor. The Counselor in Training (CIT) program creates a safe environment for teens participating in the Camp Bloomfield program who are interested in taking on new responsibilities as helpers to the staff and role models for the children at camp, as well as serving the Camp Bloomfield community as volunteers. This position is generally responsible for assisting counselors with every aspect of the positive group bonding of their cabin group during the summer camp session.

**MAJOR DUTIES & RESPONSIBILITIES**

- 1) Adhere to all camp and cabin rules and regulations.
- 2) Comply with all instructions and guidelines of staff.
- 3) Report any problems or personal needs to the camp staff and Camp Director.
- 4) Assist in providing for the safety and well being of children within your cabin group and at camp in general during the entire camp session.
- 5) Assist cabin counselors with all aspects of the campers' day, including morning wake-up, cabin clean-up, meal times, rest hour, evening activities, bed time, and other duties as assigned.
- 6) Assist in the instruction of cabin emergency procedures such as fire drills, evacuating the camp, etc.
- 7) Assist Special Events Leader in carrying out camp wide events such as carnivals, dances, and campfires.
- 8) Assist with all activities as assigned in the daily schedule.
- 9) Assist counselors in maintaining campers' diet, hygiene, and general health.
- 10) Assist counselors in developing a positive group dynamic and a cohesive bond within the cabin through the following techniques:
  - a. Learn all campers' names on the first day.
  - b. Learn likes and dislikes of the campers.
  - c. Recognize and respond to opportunities for problem solving within the group.
  - d. Help the counselors ensure that each child has successful experiences during his/her stay at camp.
  - e. Participate in an environment where discussion of problems or concerns is fostered.
  - f. Adhere to all camp and cabin rules and regulations.
  - g. Show a genuine concern for campers' needs.

**COUNSELOR IN TRAINING**

Job Description, Continued

h. Participate in cabin and camp activities, acting as a positive and responsible role model to all children at camp.

- 11) Attend all CIT meetings on time.
- 12) Carry out established role in cabin by enforcing rules and safety at all times.
- 13) Assist your cabin in following the camp goals, procedures, and daily schedule.
- 14) Communicate any emergencies immediately to the camp staff and Camp Director.

**WORKING CONDITIONS:**

- 1) Frequent sitting, bending, standing, running, and playing during daily activities and special events.
- 2) Subject to hostile or emotionally upset children.
- 3) Subject to an outdoor camping environment with children.
- 4) Involved with children, parents, staff, and visitors under all circumstances or conditions.
- 5) Under the supervision of a staff person at all times.

**QUALIFICATIONS:**

- 1) Ability to relate to young children and peers.
- 2) Ability to accept guidance and supervision.
- 3) Ability to assist counselors in daily duties.
- 4) Ability to communicate under the mental, emotional and physical stress of a residential camp environment.
- 5) Ability to work harmoniously within a group living environment.
- 6) Must be responsible, enthusiastic, patient, and have a good sense of humor, self-control, and good judgment.
- 7) Must be physically capable of handling the rigorous schedule of a residential camp environment.
- 8) Must have completed at least one year of high school.
- 9) Must be willing and able to work hard and have FUN!!!!

I have read the above job description and fully understand the requirements for the Counselor in Training position. I agree to abide by the requirements set forth for the position of CIT and will perform all duties and responsibilities to the best of my ability if I am selected to be a CIT.

X \_\_\_\_\_  
Counselor in Training Candidate Signature

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

X \_\_\_\_\_  
Parent or Guardian Signature

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

X \_\_\_\_\_  
Director of Recreation Signature

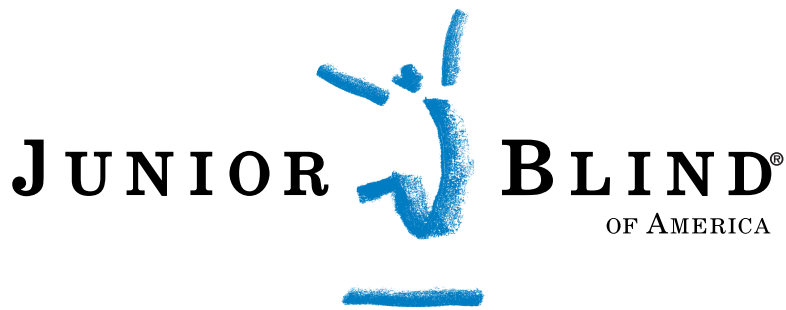
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **Counselor In Training (CIT) Application\_Questions**

On a separate sheet of paper please type the answers to the following questions in complete sentences. Make sure to number each question accordingly.

CIT Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Why are you interested in being a CIT at Camp Bloomfield?
2. What have you done to prepare yourself to work with children this summer?
3. What is your proudest moment and why?
4. What is different about working as a team as opposed to working as an individual and which one is most important?
5. Working with children can be stressful. How would you deal with the stress?
6. What are the warning signs for when you feel you are losing control and how do you handle the situation?
7. What is the difference between a CIT, camper and a camp staff?
8. What is greatest challenge you will encounter during your session?
9. Who is your role model and why?
10. What are the most important characteristics in a young leader?



**Camp Bloomfield  
Counselor in Training (CIT) Program  
Reference Form**

**Camp Bloomfield:** A residential camp that provides summer and year-round programs for children and teens who are blind or visually impaired, and for their families. Nestled in the hills of the Santa Monica Mountains in Malibu, California, the 40-acre campground is the only facility of its kind in the western United States and is fully accredited by the American Camp Association. Campers from throughout the country experience traditional camp activities adapted to their special needs by highly trained camp counselors, who apply from across the U.S. and around the world. To learn more about our programs please visit: [www.juniorblind.org](http://www.juniorblind.org)

**Instructions to the Counselor in Training Candidate:** Write your name on both reference forms. References should be teachers or someone who has supervised your work experience. CIT's will not be confirmed until there are two references on file and verified.

**Instructions to the reference:** Thank you in advance for assisting Junior Blind with its screening process. References are essential in seeking the most qualified candidates. Please answer the following seven questions to the best of your ability, feel free to be thorough and honest. All the information is kept confidential and not shared with the CIT candidate. Once completed, please fax, scan and email, or mail the reference form directly to the Camp Director:

CIT Reference  
Attention: Frank Cardenas  
5300 Angeles Vista Blvd.  
Los Angeles, California 90043  
Fax: 323-296-0424  
Office: 323-295-6392  
[fcardenas@juniorblind.org](mailto:fcardenas@juniorblind.org)

