



Town of Malta

Counselor-In-Training

2025 CIT Application

Department of Parks, Recreation & Human Services

One Bayberry Drive

Malta, NY 12020

518-899-4411

Name _____ Home Phone _____

Cell Phone _____

Street Address _____ E-Mail _____

City/Zip _____ Grade (as of Fall 2025) _____

Check the Summer Camp You Prefer: Malta Community Park _____ Shenantaha Creek Park _____

The Counselor in Training (CIT) program is a unique leadership opportunity designed to teach motivated young adults to work with children. It is a volunteer position meant to guide children into leadership positions. Select candidates will assist counselors with crafts and activities. Duties may vary from day to day. **To be considered to be a Counselor-In-Training, you must be 15 years of age by July 1, 2025.** Your application must be completely filled out and include current immunization forms. If a CIT is required on a trip, the trip fees are waived. There are no registration fees for this program. **For more information, please call 518-899-4411 ext. 304.**

One written letter of reference must be attached with your paperwork.

Why are you interested in becoming a Counselor in Training?

What experience do you have working with children?

What do you hope to gain by participating in the Counselor in training program?

Return with— _____ all pages completed with required signatures

_____ current immunization forms

_____ one letter of reference

PARENT / GUARDIAN INFORMATION Counselor In Training 2025

NAME	First	Last	Home Phone ()
	Street	Cell ()	Date of Birth __/__/__ Work Phone ()
	City	State	Zip E-mail
NAME	First	Last	Home Phone ()
	Street	Cell ()	Date of Birth __/__/__ Work Phone ()
	City	State	Zip E-mail

APPLICANT'S MEDICAL INFORMATION

INSURANCE MEDICAL INFO	Group Name	ID Number
	Please list any Allergies, Medical Problems or other Conditions	
	Name	Address

EMERGENCY CONTACT INFORMATION (MUST LIST TWO OTHER THAN YOURSELF)

NAME	First	Last	Home Phone ()
	Street	Cellular or Pager ()	Work Phone ()
	City	State	Zip E-mail Relationship to child
NAME	First	Last	Home Phone ()
	Street	Cellular or Pager ()	Work Phone ()
	City	State	Zip E-mail Relationship to Child

I hereby grant permission for my child to participate in the Malta Summer Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines.
 _____ (Please initial)

I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Malta endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program or the premises in which it is held is totally free of exposure to nuts and nut-products.

I agree to indemnify and hold harmless the Town of Malta, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the Summer Recreation Program. The scope of this agreement extends to any actions taken by the Town of Malta Parks

Expectations for Counselors and CITs

Town of Malta Parks, Recreation & Human Services
Creating Community through People, Parks & Programs

- * Assist with our summer camps under the guidance of camp staff. CITs are not permitted to supervise campers on their own or discipline children on their own.
- * Speak appropriately to parents, children and your supervisors. Also, listen with respect when someone else is speaking.
- * Behave professionally while on town property or wearing a camp shirt (this includes while you're representing the town on a field trip or anywhere outside of the town).
- * Arrive 30 minutes prior to the start of the camp day and leave only after checking out with the head counselor in your group.
- * Assist counselors in planning appropriate activities and crafts that match the skill level of the children. Remember, you are not playing with your peers!
- * Greet all parents and campers with a smile. Make every camper feel welcome.
- * If a parent has a question and you do not have an answer, direct them to the counselor in your group. Do not make assumptions and do not pass along false information. There is no such thing as a stupid question.
- * Bring a /snack or lunch when appropriate, sunscreen, backpack, water bottle, and closed-toed shoes every day.
- * Provide positive information about town services. Promote the Department, its employees, and programs! The camp's success depends on your everyday actions.
- * Complete all registration and emergency forms required for camp. Attend orientation prior to the start of camp.
- * Personal cell phones are not allowed at any time during camp. Phones should be turned off throughout the camp day and not taken out at any point unless special permission is given by your supervisors.
- * Follow the dress code at all times or you will be asked to change.
- * Do not post pictures or comments concerning camp on Facebook, Twitter, or other social-media outlets.
- * Be consistent when enforcing the rules. Do not show favoritism toward one child over another.
- * In the event you need to be absent from camp, let the head counselor in your group know at least two days in advance or call the park department at 518-899-4411.
- * Be a team player! We are nothing without each other. We can only succeed when everyone performs their role. Take responsibility for your actions. Attitude is a choice. Choose it carefully.
- * Be a positive role model and exhibit appropriate behavior.
- * Bring **ENERGY** and **ENTHUSIASM** with you every day!

I understand and agree to abide by the above Expectations:

Participant Signature _____ **Date** _____

Parent signature _____ **Date** _____

MEDICATION AUTHORIZATION FOR THE USE OF EPI-PENS &/OR INHALERS

This form is to be filled out **ONLY** if your child needs to carry an epi-pen or an inhaler and must be completed by your child’s physician.

The Town of Malta Summer Recreation Program is a day camp and Malta staff is not allowed to dispense medication. The Department of Health regulations prohibit the administration of medicine, including but not limited to Benadryl, Tylenol, aspirin, Advil, or Motrin by an unlicensed individual. The two exceptions are asthma inhalers and epi-pens which camp personnel are permitted to assist in administering. This form is for permission to carry **ONLY** epi-pens and/or inhalers. No other medication can be brought to camp.

*** It is important that your child is educated about the signs and treatment of anaphylaxis as this knowledge will significantly improve the safety of your child. You are required to bring your child into the Department of Parks, Recreation and Human Services office to demonstrate that they can self-administer the epi-pen and/or inhaler and they can tell people around them about their allergy and what they can do in the event of an emergency (for example, notify a counselor of an exposure, any trouble breathing, etc.). This is required before camp starts or your child may not be allowed to attend camp.**

THE FOLLOWING SECTION IS TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

Physicians Information	Name	Address	Phone
			()

My child has permission to:

carry his/her epi-pen and/or inhaler to camp

to have an epi-pen and/or inhaler available at camp (parent/guardian must deliver and bring medicine home daily)

my child has been trained to self-administer his/her epi-pen and/or inhaler

Parent/Guardian Signature Date Home Phone # Emergency Phone #

Witness Date

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN

Diagnosis for which epi-pen and / or inhaler is given: _____

Name of Medication _____

Form _____ Dose _____

If epi-pen and / or inhaler is to be given “WHEN NEEDED” describe indications _____

How soon can medication be repeated? _____ Has child been trained to self-administer? _____

List significant side effects _____

Other Information _____

Date Physician’s Signature

EXPIRATION DATE OF MEDICATION _____