

Main IDEA

Counselor in Training Program

Please return this form to info@mainidea.org or: "Main IDEA, 911 Main Street, Worcester, MA, 01610." ALL FORMS DUE BY JUNE 14TH. Applicants must also submit 1 REFERENCE FORM.

Applicant Information:

| | |
|----------------------------------|----------------------|
| Full Name: | |
| Grade/Age: | |
| Street Address: | |
| City/State/Zip: | |
| Cell Phone: | |
| Email: | |
| T-Shirt Size (please circle): | XS, S, M, L, XL, XXL |

Parent/Guardian Information:

| | |
|-----------------|--|
| Full Name: | |
| Home Phone: | |
| Cell Phone: | |
| Work Phone: | |
| Street Address: | |
| City/State/Zip: | |
| Email: | |

Why would you like to be a CIT (Counselor in Training) for Main IDEA?

What skills would you like to gain from this program?

Why do you think you would make a good CIT?

What do you see as new responsibilities as a CIT that are different from being a camper?

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What do you think will be challenging as a CIT and how do you think you will meet those challenges?

Please list any experience you have in the arts or working at a camp:

Medical Information:

Does the applicant have any physical, medical, or psychological conditions that would affect their participation in camp activities? _____

Please list any allergies: _____

Is the applicant currently on any medication?

___ No ___ Yes

If yes, please list: _____

****All parents/guardians are responsible for administering said applicant's medication before/after program hours, or during lunch hour. Main IDEA is not responsible for administering any medication to any children or staff.****

Policy/Agreement and Signature:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability, and we reserve the right to refuse any applicants at our own discretion.

I understand that if accepted, the applicant **CAN COMMIT TO ALL 5 DAYS OF THE PROGRAM**, and any false statements, omissions, or other misrepresentations made by me on this application may result in my child's immediate dismissal. I understand and give consent that my child may be photographed or recorded for promotional purposes. By submitting this application, I affirm that the facts set forth in it are true and complete. I have read, understood and consent to the policies and procedures listed above. I understand that if accepted into the CIT Program, any false statements, omissions, or other misrepresentations made on this application may result in immediate dismissal. I understand it is the responsibility of the applicant to provide adequate transportation to/from the Program Site during the duration of the camp. I understand that I am responsible for listing on this application any medical needs my child may have in order to participate in the program. I hereby release and hold harmless Main IDEA, Clark University, and The Woo Church.

Applicant Name (please print): _____

Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____