



Agassiz Baldwin Community
 20 Sacramento Street Cambridge MA 02138
 Phone: 617-349-6287 Fax: 617-497-4388
 www.agassiz.org

Outback CIT Program

Please write very clearly

First Name: _____

Last Name: _____

Address: _____

City: _____

Zip: _____

Email: _____

Date of Birth: _____

Age: _____

2nd Language (if relevant): _____

School: _____

Grade in Fall: _____

Counselors-in-Training (CIT) positions are open to students entering 7th-9th grades in fall 2012. The positions are available for four sessions. Please indicate your preferred schedule and 1st, 2nd, 3rd, and 4th choice for which session you would prefer.

_____ **8:15 am-2:30 pm**

_____ **12:00 pm-5:30 pm**

_____ **Session 1** (July 2-13) Closed 7/4

_____ **Session 2** (July 16-27)

_____ **Session 3** (July 30-Aug 10)

_____ **Session 4** (Aug 13-24)

Have you been an Outback CIT in the past? (Circle one.)

YES NO

If yes, when? _____

Are you interested in taking classes at Maud Morgan Arts in the afternoons?

YES NO

ABC policy regarding CIT supervision:

We will directly oversee/supervise your child only during the time he/she is with us. We will not assume any responsibility for your child's whereabouts before coming to us and after leaving the Outback Program at 2:30 PM/5:30 PM, or during the 1/2 hour unsupervised lunch break. Upon their arrival at ABC, each CIT will sign-in and include the time of his or her arrival. Upon departure, each CIT will sign-out, include the time of his/her departure and method of going home (walk, public transportation, parent/caretaker pick-up). You will be able to review this sign-in/sign-out sheet at any time. CITs may also have the opportunity to travel with Outback on a weekly beach field trip.

I have reviewed the ABC policy stated above regarding supervision of my child when he/she is participating in the Counselor-in-Training program. I agree to the limits of supervision by ANC staff over my child as indicated in this policy and grant permission for my child to travel to a local beach each week.

Signature: _____

Date: _____

Relationship to CIT: _____

Parent/Guardian #1: _____

Daytime Phone: _____

Home Address & Phone if different from child's: _____

E-mail: _____

Cell Phone: _____

Parent/Guardian #2: _____

Daytime Phone: _____

Home Address & Phone if different from child's: _____

E-mail: _____

Cell Phone: _____

Date application received:

Counselor-in-Training 2012 Application Form

Emergency Contact Information

If ABC is unable to locate me, I authorize that the following individuals are contacted in the **event of an emergency** involving my child:

1) Name _____ Relationship to child _____

Address: _____ Phone: _____

2) Name _____ Relationship to child: _____

Address: _____ Phone: _____

Health Information

Please provide a detailed explanation of any special conditions, allergies, dietary restrictions, or medications used (attach additional sheet if necessary):

The Massachusetts Department of Early Education and Care (EEC) requires that Outback collect the following identifying information about your child (you may also submit a current photo):

Gender: _____ Race: _____ Other Identifying Marks: _____

To Be Completed by CIT Applicant

Please answer the following questions, using another sheet of paper for additional space if necessary.

1.) Why do you want to be a CIT?

2.) Please describe your experiences working with children (for example: babysitting). If you have never worked with children, what kind of activities would you like to assist with at Outback?

3.) What are your favorite summer activities?

4.) Please list any hobbies, skills, special interests, and/or achievements.

The deadline to return this form is **March 9th, 2012**. New applicants will be asked in for a brief interview. Placement confirmations will be emailed on April 13th, 2012 (please do not request placement information before this deadline). Send application to the attention of: Heather Zeiden, Outback Site Director, Agassiz Baldwin Community, 20 Sacramento Street, Cambridge, MA 02138. Email inquiries only please: mlaine@agassiz.org.