

Zoo Camp 2010

Counselor-in-Training Program

The Counselor-in-Training (CIT) program is designed as a volunteer program for students entering seventh through twelfth grade. The role of a CIT is to assist counselors with groups of Zoo Campers. CITs will be an extra set of eyes, ears, and hands to help with crafts, games and other activities. CITs are expected to show a positive attitude towards camp, the campers, the staff and the St. Augustine Alligator Farm Zoological Park. CITs are held to the same rules and regulations as campers; since CITs are role models for younger campers, anyone showing a lack of maturity, cooperation or positive attitude will be asked to leave. This is NOT a volunteer position that assists zoo keepers. After camp has ended for the season, each CIT will receive a letter outlining the number of hours volunteered. Any additional paperwork required by schools in order to receive volunteer credit must be completed by the CIT and then submitted to the Curator of Education for a signature.

The fee for the CIT program is \$20 for the first camp session and \$10 for additional camp sessions which covers the camp t-shirt, snacks and other associated costs. One camp shirt will be provided to each CIT and is to be worn daily. Additional t-shirts may be purchased for \$13 each. A camp session runs either from 8 am to Noon or Noon to 4 pm. CITs volunteering for both the AM and PM session in the same week must bring a bag lunch.

Please note that positions are extremely limited and volunteers will be selected based on the strength of their application. The deadline for application is April 30, 2010, by 5:00pm. LATE APPLICATIONS WILL NOT BE ACCEPTED. As this is an individual volunteer experience, requests to be grouped with other volunteers will not be considered. Applicants will be contacted by June 4, 2010, regarding their status. After notice of acceptance, payment for all sessions must be made within one week or position will be filled by another applicant.



Zoo Camp 2010 Counselor-in-Training Program

How Do I Apply for the Counselor in Training Program?

Deadline for applications is April 30, 2010 by 5:00pm. All pieces of the application must be submitted together. Any pieces arriving separately will not be considered. Applicants must complete and submit the following paperwork to be considered for the Counselor-In-Training program:

Counselor-in-Training Application (2 pages)

Fill out all requested information

Teacher Recommendation

Must be from a current classroom teacher. If homeschooled, have a non-related adult, such as a coach or family friend fill out. Have recommender place letter in a sealed envelope with their signature across the seal.

Recommendation Letter

Must be from a non-related adult, such as a teacher, coach or family friend. Have recommender place letter in a sealed envelope with their signature across the seal. Teacher Recommendation and Recommendation Letter must be from two different individuals.

Things to remember:

- Application must be handwritten by the applicant in blue or black ink. Answer the short essay questions in complete sentences.
- Do not submit extra materials such as photos, pictures, or additional recommendation letters.
- Requests to be grouped with other volunteers and/or campers will not be considered.

Applications can be hand delivered or mailed to:

Katie Girvin
Education Department
St. Augustine Alligator Farm Zoological Park
999 Anastasia Blvd.
St. Augustine, FL 32080

Zoo Camp 2010 Counselor-in-Training Application



Please **handwrite** all answers in blue or black ink. **Application is to be completed by the applicant.** All pieces of the application must be submitted together; any pieces arriving separately will not be considered. Deadline is April 30th, 2010.

Demographic Information

Name _____ DOB _____

Current Grade _____ Current School _____

Home Phone _____ Address _____

City _____ State _____ Zip _____

Guardian Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

In the event of an emergency the parent/guardian will be contacted first. Please provide a second contact.

Name _____ Relationship _____ Phone _____

Did you ever attend Zoo Camp at the St Augustine Alligator Farm? Yes No

Have you applied for the CIT program before? Yes No Year(s)? _____

Have you ever participated in the CIT program before? Yes No Year(s)? _____

How did you hear about the CIT program? _____

Waiver

I understand that the educational programs are provided by the St Augustine Alligator Farm, and I understand the inherent dangers involved with my child's participation in these programs, including the risk of personal injury and/or damage to my child and/or my property while participating in these programs. I further understand and acknowledge that the participants in such programs are not covered under insurance of St Augustine Alligator Farm and that St Augustine Alligator Farm would not allow my child's participation in these programs absent my signing this release. I authorize and grant permission for a representative of St Augustine Alligator Farm to obtain emergency medical care from any licensed physician or hospital and/or medical clinic should my child become ill or injured while participating in educational activities away from home or at other times when neither parent nor guardian is available to grant authorization for emergency treatment. I therefore freely and voluntarily execute this release with such knowledge, assume the risk of personal injury and/or property loss arising from or in any way connected with my child's participation in any educational programs offered by the St Augustine Alligator Farm. I hereby release and discharge St Augustine Alligator Farm and any and all agents of St Augustine Alligator Farm from any liability, claim, cause of action, demand or damages from injury or damages of any kind to my child or my property as a result of my child's participation in the educational programs of St Augustine Alligator Farm. I grant permission and understand that photos and other images taken during this event could be used in print advertisement and other forms of media. I further waive, release, absolve and agree to indemnify and hold St Augustine Alligator Farm harmless as a result of my child's participation in any educational programs sponsored by St Augustine Alligator Farm. I understand that should my child become a disruptive force during the educational program that the instructor may choose to release him/her from the program.

Applicant's Signature _____ Date _____

Guardian's Signature _____ Date _____

Short Essay Questions (If more room is needed, please handwrite on your own paper.)

1. If you were an animal, what animal would you be and why?

2. Name three positive traits about yourself and explain why you chose each trait. Name three negative traits about yourself and explain why you chose each trait.

3. What are your goals for the future, and how would participation in this program help with these goals?

4. Please select the sessions for which you are applying. You will be accepted for a maximum of three sessions. It is highly recommended that you apply for all sessions for which you are available.

X	Session #	Dates	Times
	1a	June 21-25	8:00am - Noon
	1b	June 21 -25	Noon - 4:00pm
	2a	June 28 - July 2	8:00am - Noon
	2b	June 28 - July 2	Noon - 4:00pm
	3a	July 5 - 9	8:00am - Noon
	3b	July 5 - 9	Noon - 4:00pm
	4a	July 12 -16	8:00am - Noon
	4b	July 12 - 16	Noon - 4:00pm

X	Session #	Dates	Times
	5a	July 19 - 23	8:00am - Noon
	5b	July 19 - 23	Noon - 4:00pm
	6a	July 26 - 30	8:00am - Noon
	6b	July 26 - 30	Noon - 4:00pm
	7a	August 2 - 6	8:00am - Noon
	7b	August 2 - 6	Noon - 4:00pm
	8a	August 9 - 13	8:00am - Noon
	8b	August 9 - 13	Noon - 4:00pm

Zoo Camp 2010 Teacher Recommendation



Directions: Teacher Recommendation must be from a current classroom teacher. If homeschooled please have a non related adult, such as a coach or a family friend complete. Teacher should place the letter in an envelope, seal the envelope, sign over seal and return to applicant.

Name of Applicant _____

Name of Recommender _____ Subject _____

1	2	3	4	5
Poor	Below Average	Average	Good	Very Good

Using the scale found above please rate the following items:

Maturity	1	2	3	4	5
Leadership	1	2	3	4	5
Work Ethic	1	2	3	4	5
Self Confidence	1	2	3	4	5
Initiative/Independence	1	2	3	4	5
Overall	1	2	3	4	5

What are the first three words that come to mind to describe this student?

1. _____
2. _____
3. _____

Please write any additional comments about the student.

Signature _____ Date _____

