

# Mini/Menlo Madness

## Summer C.I.T. Program

Arrillaga Family Recreation Center  
701 Laurel Street  
Menlo Park, CA 94025  
(650) 330-2209



### Counselor-in-Training Application Program for Leaders Ages 12-15

**Session 1: June 24th-July 19th      Fee: \$250 (4 weeks)**

**Session 2: July 22nd-August 16th      Fee: \$250 (4 weeks)**

Your completed application will be reviewed carefully; but its completion does not imply that you will be accepted into the program. When we receive this application, one of our staff members will contact you to set up an interview. Upon completion of the interview, the applicant will know his or her admission status. Admission to the Mini/Menlo Madness Summer Program carries many privileges and responsibilities and we expect CIT's to participate in all camp activities. Completion of this application signifies understanding and acceptance of camp policies and procedures. In addition, should a behavior or discipline problem affect our work with other CIT's or campers, or their enjoyment of the Summer Camp, we reserve the right to dismiss those CIT's responsible with out a refund. Please read all questions carefully and call (650) 330-2209 if you have any questions.

### *Please Type or Print Clearly*

Date \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Attending \_\_\_\_\_ Next Grade \_\_\_\_\_

#### TO BE COMPLETED BY APPLICANTS PARENT/GUARDIAN

Mother/guardian's name: \_\_\_\_\_

Father/guardian's name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary contact number: \_\_\_\_\_

Secondary contact number: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Email: \_\_\_\_\_

I, the undersigned parent, guardian, or participant do hereby agree to allow the individual(s) name herein to participate in the aforementioned activity (ties) and I further agree to indemnify the Community Services Department, the City, its employees and officers harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or in any way connected with the participation in this activity. I further agree to permit the use of event/activity photography and/or video media production, which may include images of myself or individuals above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT**

The following information will be used as part of admission into the Counselor-in-Training program. Take your time filling out the application; fully answer all questions to the best of your ability. If there is a question you cannot answer because you are confused or have no experience in the related field, that is okay, the CIT program is designed to help give you the experience. This application is simply an exercise to allow us to get to know you better and to give you an employment experience similar to positions you may seek in the future. If you do not know how to answer a question or have a question, please ask a trusted adult or call (650) 330-2209.

1. Have you ever worked with children? (*circle one*) YES NO      If yes, number of children \_\_\_\_\_  
Ages of children \_\_\_\_\_

2. Explain the environment you were in while working with children (i.e. child care setting, camp setting, church, babysitting, etc.):

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3. Describe activities you assisted in leading:

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4. Describe activities you lead on your own:

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5. Why do you want to work at Mini/Menlo Madness Summer Camp program?

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6. Why do you feel you would be a good CIT?

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7. With what age group do you prefer to work with? Why?

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8. List 3 greatest strengths and 3 challenges you have in working with children.

**GREATEST STRENGTHS**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**CHALLENGES**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

9. Describe any volunteer work, other experiences, interest, training, etc. relevant to your ability to perform the job sought.

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10. Describe activities you are interested in sharing with the children at the camp:

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List two personal references.

Name	Phone Numbers (Day and Evening)	Email	In what capacity do you know this person?	How long have you known this person?
1.				
2.				

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Upon completion, please return this application to Noreen Bickel via email at [nsbickel@menlopark.org](mailto:nsbickel@menlopark.org), via fax at 650.324.1721, or mail it to the address below:**

ATTN: Noreen Bickel  
Arrillaga Family Recreation Center  
701 Laurel Street  
Menlo Park, CA 94025