



“Creating Community Through People, Parks and Programs”

127 Norwich Avenue, Colchester, CT 06415

(860) 537-7297 | Fax: (888) 468-9093 | [apizzutiello@colchesterct.gov](mailto:apizzutiello@colchesterct.gov) | [www.colchesterct.gov](http://www.colchesterct.gov)

February 7, 2011

Dear CIT Applicant,

Thank you for your interest in Colchester Parks & Recreation’s Counselor in Training program! Our 2- year CIT program provides our CIT trainers the opportunity to teach the skills and methods to be a successful young leader through practical experiences. The goal of the program is to prepare teens for future employment. Although the training program is specifically designed to train our future “super staff” the skills CIT’s develop will greatly benefit them in any future endeavors. This year our CIT programs are 4 weeks and the fee is \$125 for the program. The first year program concentrates on the following areas:

- Why we are here
- Being a positive role model
- Creating meaningful connections
- Planning & implementation of various activities
- Developing leadership skills
- Learning & demonstrating appropriate & professional conduct
- Building self confidence
- Being responsible
- Team building

The second year CIT program takes the year one goals to a higher level. We also incorporate the following:

- Personal goal setting
- Taking the initiative
- Mentoring

At this time we are planning a very special CIT project in which all CIT’s will have the opportunity to utilize their skills and discover new ones! With guidance from our CIT trainers they will take the lead in all aspects of this assignment.

We look forward to receiving your CIT application packet which should include your application, a teacher reference and a personal reference. All applications are available on our website under “forms” and in the WJMS Guidance office. The application deadline is March 31<sup>st</sup>, 2011. CIT’s who have successfully completed the first year CIT program were notified at the end of their session as to their status.

Anita Pizzutiello      Recreation Supervisor  
Shannon Tamosaitis      Day Camp Director



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### Counselor in Training Application

Applicant's Name: \_\_\_\_\_  
Parent's Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Preferred Session (selection not guaranteed): **4 weeks**  
June 27<sup>th</sup> - July 22<sup>nd</sup> \_\_\_\_\_ July 25<sup>th</sup> - August 19<sup>th</sup> \_\_\_\_\_ No Preference \_\_\_\_\_

Please answer the following questions completely and carefully.

List the characteristics you feel an exceptional Counselor in Training should have.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Why would you like to be in the CIT program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What experiences have you had that would help you to be an exceptional CIT?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is there anything else you would like us to know about you? Special talents?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Counselor In Training Teacher Reference Form

To be completed by a current or past teacher.

Applicants name \_\_\_\_\_

1. What class(es) do (did) you have the applicant in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you think that the applicant would be a good caregiver and role model for children in a recreational setting? Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the applicant have good conduct at school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the applicant turn in assignments on time?

\_\_\_\_\_  
\_\_\_\_\_

5. Is the applicant courteous and respectful to others?

\_\_\_\_\_  
\_\_\_\_\_

6. Overall impression?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name (please print)



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## Counselor In Training Personal Reference Form

To be completed by an adult (**not a relative**) who has known the applicant for one year or more.

Applicant's Name: \_\_\_\_\_

How long have you know the applicant? In what capacity?

\_\_\_\_\_  
\_\_\_\_\_

Do you think the applicant would be a good caregiver for children? Why?

\_\_\_\_\_  
\_\_\_\_\_

Do you find the applicant to be:

Dependable? \_\_\_\_\_  
Trustworthy? \_\_\_\_\_  
Honest? \_\_\_\_\_

Do you think the applicant would be a positive role model for children? \_\_\_\_\_

Do you feel the applicant uses mature judgment? \_\_\_\_\_

Is there anything else you would like us to know about the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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