Bryan J. Litz
Parks & Recreation Director

Town of Wilbraham
Parks & Recreation Department
45C Post Office Park
Wilbraham, MA 01095

(413) 596-2816
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www.wilbraham-ma.gov

2nd Year CIT Applicant

March 2026

Dear Counselor in Training Applicant,

The Wilbraham Parks & Recreation Department is pleased you have shown interest in the Counselor in Training (CIT) program this year. The Spec Day Camp CIT Program has been evaluated and improved for the 2026 season and continues to evolve into an exceptional camp experience.

The aim of the CIT Program is to give campers ages 14 and 15 who are outside the camp age limit, the opportunity to continue on with their camping experience, with the goal of gaining the skills necessary for potential employment as a camp counselor at this or any other camp. Also, if chosen to participate in the CIT Program, it is our hope you would develop skills necessary for future success in any workplace.

In order to be considered for a Counselor in Training position, numerous criteria must be met. Please review and complete the necessary information in the enclosed packet. Applicants must complete the application material, attend an interview, complete the screening process developed by the Parks & Recreation Department, and if selected, attend the required training session and submit a current medical health form. The WPRD is looking for strong candidates to fill the limited number of spots in this program.

All applications must be received by the Parks & Recreation Office **by May 29th.** Space is limited in the program and participants who have not submitted the application material by May 29th will be placed on a waiting list.

Once accepted a MA State Health form will be required.

Please feel free to contact me with any questions or concerns.

Sincerely,
Bryan J. Litz
Director, Parks & Recreation Department

SPEC DAY CAMP
COUNSELOR IN TRAINING PROGRAM

PURPOSE: The Counselor in Training (CIT) program provides training in leadership skills through a summer camp work experience, under the guidance and supervision of qualified counselors and directors. CITs are placed in groups to gain valuable experience assisting staff in a variety of areas within the camping experience. The many skills learned by the CIT will aid the individual in obtaining future paying job opportunities.

QUALIFICATIONS:

- CIT PROGRAM: Ages 14-15 by July 1 of this year.

COST: **Session 1:** $275.00 per three-week session for Wilbraham residents/ $300.00 Non-Residents
Session 2: $275.00 per three-week session for Wilbraham residents/ $300.00 Non-Residents

PARTICIPATION: Space is limited in this program. Individuals will be selected by the WPRD Director and the Spec Day Camp Directors utilizing the following criteria:

- Residency (10 points) - Preference will be given to Wilbraham Residents.
- Prior Attendance (10 points) - Preference will be given to those who were previously enrolled in the Spec Day Camp as a camper.
- Application (20 points) - Applications will be graded for neatness, spelling, content and completeness.
- Interview (30) - Applicants will be graded on punctuality, neatness, enthusiasm, interest, confidence and experience.
- References (10 points) - Applicants are required to submit two references for review by the WPRD and Director.

LENGTH OF SESSIONS: each is three weeks: Session One- July 6 - 24 Session Two- July 27- August 14

APPLICATION PROCESS: Complete the application process as outlined in this packet.

ENROLLMENT LIMIT PER SESSION: 4

SUPERVISION: The CIT program is directly supervised by a qualified counselor and director.

RESPONSIBILITIES:

- Being receptive and actively engaged in learning camp skills
- Being a responsible addition to the program staff.
- To provide assistance in the creation and implementation of recreational activities during the Spec Day Camp, including supervision of children, materials and supplies.
- To assist in the maintenance of facilities and grounds, including, but not limited to trash control, sweeping, washing tables, picking up equipment, and general care of the activity areas.
- To serve as a positive, enthusiastic role model for the children.

TRAINING TIMES/ CAMP PARTICIPATION TIME (estimate):

- Mandatory attendance at initial training.
- Approximate schedule breakdown:
    - 5-10% CIT team building and training
    - 90-95% Hands on experience

DRESS CODE: CIT's are to wear a clean uniform shirt with shorts, socks and sneakers. Specific questions should be directed to the Spec Day Camp Director.

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Dear Parent/Guardian,

The Wilbraham Parks & Recreation Department is offering an exciting 2026 Counselor- in- Training (CIT) Program at the Spec Day Camp. We continue to revise the entire program to incorporate new goals and more challenging training and opportunities.

The aim of the CIT Program is to give campers who are outside the program age limit (ages 14-15), the opportunity to develop leadership skills in the context of a meaningful learning experience within the camp environment. CITs will also gain hands on experience by assisting camp staff in program delivery, planning, goal setting and coaching, while emphasizing social and communication skill development. All this is facilitated under the direct supervision of a Camp Director and other camp staff.

CIT sessions run for three consecutive weeks and you are required to choose which session you prefer. If space allows, CITs may be allowed to participate in a second session.

The CIT position is an unpaid position. While there is no guarantee that successful completion of this program will lead to a paid position in the future, the skills your child develops will be useful and valuable tools in any workplace.

Completed applications must be received by the Parks & Recreation Department no later than **May 29th**. Space is limited and candidates will be selected based on the application and interview process outlined in the attached packet. Session payment is due within one week of acceptance in the program along with required health forms**.**

Sincerely,

Bryan J. Litz
Director, Parks & Recreation Department

I have read all documents provided in this packet and understand that the CIT position is a voluntary unpaid position. I also understand that participation in the CIT program does not guarantee a paid position in the future.

Name of CIT applicant: _____

_____
Name of Parent/Guardian (please print clearly)

_____ _____
Signature of Parent/Guardian Date

WILBRAHAM PARKS & RECREATION DEPARTMENT
2026 COUNSELOR-IN-TRAINING PROGRAM APPLICATION

NAME:_____ _____
LAST **FIRST** **NICKNAME?**

ADDRESS: _____
STREET **CITY** **STATE** **ZIP**

HOME PHONE: _____ **PARENT/GUARDIAN CELL:** _____

DATE OF BIRTH: _____ **AGE:** _____ **GRADE (AS OF SEPT.):** _____

PARENT/GUARDIAN(S) NAME: _____

MY EMAIL: _____ **I check it daily: Yes No**

▶ **CIRCLE SHIRT SIZE: Adult Small Adult Medium Adult Large Adult X- Large**

▶ **CIRCLE THE SESSION YOU ARE INTERESTED IN ATTENDING**

SESSION 1	SESSION 2
(July 6 - July 24)	**(July 27 - August 14)**
$275.00 Residents	**$275.00 Residents**
$300.00 Non-Residents	**$300.00 Non-Residents**

If space allows, I am interested in a second session: Yes _____ No_____

If selected I, _____, agree to comply with all the following conditions and requirements for the position of C.I.T.:

1. I agree to conduct myself in a mature, responsible manner and to remember I am a representative of the Town of Wilbraham and the Parks & Recreation Department.
2. I have read and understand the CIT program information and agree to perform the duties therein to the best of my ability.
3. I agree to attend the Spec Program punctually each day, dressed appropriately. In the event of illness or an emergency, I will call the Spec Day Camp Director as soon as possible.
4. I understand that I am not an employee of the Town of Wilbraham and am **NOT** entitled to any benefit given to an employee of the Town including health insurance and workman's compensation.
5. If my work performance or behavior is in any way deemed unacceptable by the Directors, I understand that I may be terminated immediately with no refund.

I understand that completion of the application process for the Counselor in Training position does not guarantee acceptance into the program.

Applicant's Signature: _____Date:_____

Parent's Signature: _____Date:_____

At the time of application the following checklist should be completed:

☐ Parent/Guardian has read and signed page three and four of the application packet.
☐ Applicant has completed and/or signed pages four, five and six of the application packet.

COUNSELOR IN TRAINING QUESTIONAIRE

APPLICANT'S NAME: _____

Please answer the following questions completely and carefully:

1. List the characteristics you feel an exceptional CIT should exhibit:

_____
_____
_____

2. List the skills you feel an exceptional CIT should demonstrate:

_____
_____
_____

3. State any experience, interest or special talent you may have in any of these areas. (Please use the back of this form if you need additional space.)

ARTS AND CRAFTS:

DRAMA/ MUSIC:

SCIENCE AND NATURE:

SPORTS:

DANCE:

OTHER:

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT
In consideration of being allowed to participate in Town of Wilbraham Parks & Recreation Department programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:
1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. In addition to general risks of participation, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Town of Wilbraham Parks & Recreation Department seeks to limit the spread of COVID-19 by requiring that participants stay home if they: 1) are sick, 2) are feeling any symptoms of COVID-19 as identified by the CDC (such as cough, shortness of breath or difficulty breathing, fever, chills, or new loss of taste or smell), 3) have a fever of 100°F or above, 4) are suspected of having COVID-19 or 5) had recent exposure to someone with a suspected or confirmed case of COVID-19. By signing below, I acknowledge that I will abide with these requirements to self-monitor and will take my temperature and my child(ren)'s temperature prior to participation. On behalf of myself and my family - we agree to adhere to all state, local, and other guidelines in place designed to keep people safe. I understand that Town of Wilbraham Parks & Recreation Department is not monitoring whether I or other participants comply with this requirement.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Town of Wilbraham, Town of Wilbraham Parks & Recreation Department, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature:_____Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature:_____Date signed: _____