



# COUNSELORS IN TRAINING NEEDED

## FRANKLIN TOWNSHIP SUMMER PROGRAM

Dates: July 10-July 21

You must be able to work the duration of the program.

Open to seventh graders

Time: 8:30-12:30

Applications are available in the School Office, the Municipal Building, as well as on the township website.

Application Deadline: May 19, 2017  
For additional information- Mrs. Hyland, 730-7912

**Franklin Township Summer Program  
Counselor in Training Application**

Dear Applicant and Parent:

Thank you for your willingness to be involved in the Summer Recreation Program. We are excited about the Program and are looking forward to working with enthusiastic, creative people. This summer the program will run from July 10-21. Your day will start at 8:30 a.m. and end at 12:30 p.m. Each day you will be responsible assisting group counselors in organizing arts and crafts, games, and physical activities.

**Please be aware that as you complete the application, you will be committing yourself to the ten-day program.** *If your family is planning a vacation during this time, please do not apply for a position.* I will be having a meeting, with those who meet the requirements, in June. Notification will be given in advance. We ask that both you and a parent/guardian sign below indicating that you understand and agree to work for all of the above scheduled days.

Your dedication to the program may lead to a paying position for the following season. If you enjoy working with children and want to have fun, fill out the attached application and return it to **Franklin Township Recreation, c/o 11 Woodland Road, Pittstown, NJ 08867 by May 19, 2017.**

If you have any questions, please contact me at 730-7912.

Sincerely,

Joanne P. Hyland  
Program Director

Parent/Guardian Signature \_\_\_\_\_

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

Applicant's Name (print) \_\_\_\_\_

Phone \_\_\_\_\_

T-shirt size \_\_\_\_\_

Franklin Township Recreation Summer Program

C.I.T. Application

Please print neatly and carefully. **There should be no scribbling or crossing out on an application.**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

1. List your experience with children. Please give details.

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2. What talent or strength do you feel would be an asset to the Program.

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3. Have you ever been in a leadership position? If so explain.

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4. What do you feel makes a good counselor?

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5. You will be working with all the groups during the two weeks.

Group I (children entering kindergarten)

Group II (children entering 1-2 grades)

Group III (children entering 3-4 grades)

Group IV (children entering 5-8 grades)