



- Explain the environment you were in when working with the children (day care setting, camp, church, coach etc)

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- Describe the activities you assisted in leading.

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- Describe the activities you led.

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**Leadership Skills**

In the following, put the letter “T” before those activities you can organize and teach, the letter “A” for those activities you can assist in teaching, and the letter “c” for those you have a current certification and the letter “H for those that are hobbies.

Archery	Astronomy	Baseball
Basketball	Campfire Programs	Climbing/rappelling
Drama	Forestry	Game leading
Guitar	Hiking	Jewellery making
Karate/martial arts	Nature crafts	Painting
Photography	Puppetry	Orienteering
Outdoor cooking	Science	Sign language
Skits and stunts	Soccer	Song leading
Volleyball	Woodworking	Gymnastics
Ball hockey	Other	Other

- . Please list your participation in clubs and or groups, or teams:

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- . Why do you want to be a CIT?

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- . What do you expect to gain from the CIT experience?

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- . How can you contribute to the program?

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Are you available to attend a CIT group interview / meet & greet on **Monday, June 3rd from 6:30 – 8:00 pm** (location to be determined).

YES \_\_\_ NO \_\_\_

**Application & Admissions**

I hereby certify that the information provided on this application is accurate and to the best of my knowledge and understand that completion of this form does not guarantee me status as an applicant or any consideration for the CIT Program.

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

\_\_\_\_\_  
Date

**Parental Consent** *(this section must be completed by applicant's Parent or Guardian)*

**Allergies/Medical/Behavioural Conditions**

Please list and describe any Allergies, Medical Conditions and or Behavioural conditions that may affect your child's safety while participating in the CIT Program.

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

I hereby request that my child's application be accepted for consideration to participate in the Village of New Maryland Recreation and Leisure Services Counsellor in Training Program (CIT). I understand and am aware that if selected, my child will be participating in many physical activities and that the potential for accident does exist. In consideration of acceptance to the CIT Program:

- . I, the undersigned, assume all responsibility for my child's participation in the Village of New Maryland CIT Program. I hereby release the village from any and all claims or demands which I or my child have or may have in an incident/accident that may occur.
- . I, the undersigned, as the legal parent/guardian hereby authorize the Village of New Maryland to provide and administer immediate first aid and to secure medical advice or services to ensure the proper treatment for my child if the need arises.
- . I, also, agree that pictures and video taken in connection with the program or event may be used for promotional purposes.

By signing the below, I signify that I have read, understood, and voluntarily agree to be bound by each of the terms stated above:

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

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

**Please e-mail your completed application no later than Monday, May 27<sup>th</sup> to the Recreation Coordinator ([michelle.sawler@vonm.ca](mailto:michelle.sawler@vonm.ca)) or you may drop it off at the Village Office.**