

Counselor in Training Program 2023

SKILLS. SERVICE. STRIVE.

The Counselor in Training program is designed as a four week, outdoor leadership challenge meant to strengthen camping skills as well as soft skills used by current camping staff. CITs are coached on group facilitation, in camp behavioral management and leadership, technical outdoor skills, and collaboratively making consequential decisions. It is expected that, in addition to regularly assigned tasks, participants will keep their eyes open and look for opportunities to learn or improve necessary skills of meeting and serving campers. After this four week program, it is hoped that, once completed and they are recommended by their leader, today's CITs will be tomorrow's counselors.

Leadership

The progression from shadowing counselors and learning hard skills to being the primary leader of games and activities for younger Icaghowan campers constitutes a significant arc of development for CIT participants in camp, and on trail. They learn to develop goals, plan activities, implement, then reflect and revise based on what worked well and what did not. To be able to effectively debrief and learn from their experiences, CITs will learn from the 545 Leadership Model. That framework conceptualizes leadership as a set of five values, four roles, and five skills.

THE 545 LEADERSHIP MODEL

Five Values (CHERR)	Four Roles	Five Skills
Caring	Self-Leader	Communication
Honesty	Peer Leader	Emotional Intelligence
Equity	Team Member	Grit
Respect	Team Leader	Initiative
Responsibility		Judgement

CIT Program Overview

A four week session designed to challenge dedicated campers to improve their outdoor, leadership and group facilitation skills. During the first week CITs will go through a small staff training similar to what our staff do. They will develop their leadership skills, become CPR/First aid certified, learn the basics on leading programs at camp, and plan for their trip the following week. During their second week CITs will learn the hard skills for tripping while on a canoe trip down a nearby river. They will learn safety skills and protocols that tripping staff follow. When the CITs come back for their final two weeks they will take all of the skills they have learned and put them to use shadowing cabins. They will practice their leadership skills and feel comfortable leading by themselves by the end of their time.

Qualifications:

1. The Counselor in Training Program is for all persons 16 – 17 years of age who are willing to serve the needs of the camp and campers.
2. The applicant must be committed to personal and leadership growth.
3. All applicants must thoroughly complete the application form by February 1st.

CIT Expectations:

- I. Program Focus
 - a. Assist staff with progressives, activities, cabin time and all camp games.
 - i. Learn the skills associated with each progressive and activity and be able to teach independently by week 4.
 - b. Participate in Counselor in Training Sessions facilitated by Support Staff and other professionals on Camp property.
 - c. Daily responsibilities include, but not limited to, the following activities: dining hall set-up and clean up, service projects, program responsibilities, assisting counselors with campers and creating a safe and inclusive camp community.
- II. Personal Quarters
 1. Care and Maintenance. Quarters will be kept clean and neat on a regular basis.
 2. Your area should be thoroughly cleaned at the end of your CIT session as well as weekly.
- III. Meal Procedures
 1. All CITs must attend every meal and rotate sitting with cabins, assisting with food as programming expectations and camper needs.
- IV. Quiet Time 10:00 P.M.
 1. All CIT's are to be in their assigned cabins by devo time. When not assigned to a cabin, by 10PM
 2. An individual's need for sleep varies from person to person. Because many of us are living under the same roof and some people would like to go to bed earlier than others, it must be quiet in camp after 10:00 P.M.

The role of a CIT is to reflect the quality and standards of Camp Icaghowan. It is important to show enthusiasm for the program and philosophy; demonstrate a willingness to perform assigned tasks and when those are finished, seek out other things to become involved in, along with investing in the camper wellbeing.

Participation Requirements and Accessibility

Campers coming to a Y of the North overnight camp should be motivated and excited to experience residential summer camp, which involves working as a team, embracing physical and mental challenges, and embodying our five core values; Caring, Honesty, Equity, Respect and Responsibility. If your child has a disability or mental health concern requiring an accommodation, or a special need you would like us to

be aware of, please let us know by filling out the accommodation request form (found in Forms & Publications on your camp's website) and submitting it to your camp's Program Director before your child comes to camp. This information enables us to better meet the needs of your child within available resources. Y of the North Camps reserve the right to send any camper home early who does not abide by our code of community, or whose behavior is disruptive, uncontrollable, illegal, dangerous, or disrespectful to other campers or the camp community. Our staff works within the scope of their training to support all campers. We do not issue refunds for campers that leave early due to code of community violations. Our Code of Community can be found in the Camper Family Handbook.

Dates, Rates and Application Process

Our CIT program is for teens going into 11th and 12th grade. We encourage campers that this be their last step at camp before being able to apply for staff. Please know that you have to be 18 to be employed as a camp counselor at Camp Icaghowan. If you have not participated in WLC's or Islanders yet and are not going to be 17 this summer we would encourage you to select one of those programs and then do the CIT Program the summer before being eligible to be considered for staff.

Session dates:

1st Session: June 26 -July 21

2nd Session: July 30 -August 25

Price: \$1,995

Financial Assistance is available. The CIT program, like all Camp Icaghowan programs, is for all. Visit our website for information.

Application Process

Priority deadline for applications is **February 1st 2023** with rolling applications to follow.

Space is not guaranteed for all applicants.

To apply to be a CIT please fill out the application below. Please also have your guardian sign the release. **Send application and signed release to our program director**, Maya Harris, at maya.harris@ymcamn.org

Additional Info

If accepted into our CIT Program, you will receive follow-up paperwork to be completed by May 31st, 2023.

Cancellation and Change Policy

-Cancellations must be in writing and can be submitted to ymcanorth.org/contact_us or faxed to 612-223-6322

-Cancellations received on or before May 15 will be refunded however, your deposit is non-refundable.

-If cancellation is due to a camper's illness or medical reasons, or other uncontrollable circumstance, your camp fees may be refunded minus the deposit when cancellation is accompanied by a doctor's record/official statement.

-Additional cancellation information, including change fees and deadlines, can be found in the Camper Family Handbook

Counselor in Training Application 2023

Name and Pronouns: _____

Email: _____

Phone Number: _____

How many years have you been a camper at Icaghowan or other camps: _____

If you have had experience at other camps, which camp(s)? _____

If you have participated in Icaghowan Programs which ones? _____

Which session do you prefer?

-June 26-July 21

-July 30-August 25

SHORT ANSWER:

*If additional space is needed please attach an additional sheet

Please tell us a little bit about yourself and why you would make a great CIT:

List any leadership experience you have or are currently involved in:

List any school/community programs that you have or currently participate in:

What does a successful leader look like to you?:

In your opinion, what is the most important aspect of summer camp? As a CIT, how can you help maintain that?

As a CIT you will have the opportunity to shadow and spend time paired with a cabin group. For many campers this is their first experience being away from home. Tell us how you would deal with a homesick camper in your group.

What are you hoping to gain from your experience in the CIT program?

Please read and sign below:

I understand that submitting this application in no way guarantees that I will be accepted to the Camp Icaghowan Counselor in Training Program. If selected, I understand that I am expected to adhere to all the policies and regulations of the CIT program and of YMCA Camp Icaghowan. CIT's are expected to be professional with one another, be on time to all obligations, and be positive role models. Inability to do so may result in dismissal from the program. Furthermore, I understand that completion of the CIT program does not guarantee that I will be hired as a staff member at YMCA Camp Icaghowan, but that this program is a first step in the interview process.

Signature: _____ Date: _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE MAY 1, 2020

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of the North (hereinafter referred to as YMCA) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, illness, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity or exposure to infectious diseases such as COVID-19; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment and increased cleaning, sanitation and physical distancing, without jeopardizing the essential qualities of the activity.

2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

4. I represent that I have adequate insurance to cover any injury, illness or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury, illness or damage myself. I further represent that I/my child have no medical or physical conditions which could interfere with our safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

PARENT/GUARDIAN AUTHORIZATION SECTION — TRANSPORTATION/MEDICAL

1. In the event that I/my child need immediate medical attention for injuries or illness that may occur while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed. I understand that I may be asked to isolate myself or my family and may be asked to leave a program early if I display symptom of illness such as COVID-19.
2. I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
3. I also give permission for myself or my child to enter Canada with the YMCA. I also understand that I/my child will need to bring our passport to camp if the trip involves such travel to Canada.
4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
5. I agree to the release of any records necessary for treatment, referral, billing, infectious disease tracking, or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers, insurance carriers, or other governmental agencies as required.
6. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/ or medication are on me or my child or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/ or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.
7. I agree to take personal responsibility for myself and my family while participating in this program. Personal responsibility may include but not be limited to; initial temperature monitoring upon arrival, self-monitoring temperatures each day, following social/physical distancing protocols, and following appropriate handwashing, cleaning and sanitation practices as defined by the YMCA and for as long as this is deemed necessary for the safety and protection of all participants and YMCA team members by the MDH and the CDC.

GENERAL

1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed and to change my child’s diaper while my child is in their care.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____

Telephone _____ Date _____

Address

City State Zip

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's full name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature

Print Name _____ Date _____