

Counselor in Training Request Form

Use this form to apply for a position as a CIT within the Youth Ministry Programs. Please note, spaces are limited. Youth must be in grades 7-12 to qualify.



RAY & JOAN

KROC

CORPS COMMUNITY CENTER
QUINCY, IL

STEP 1: CIT INFORMATION

NAME (FIRST, LAST) _____
BIRTHDATE _____ GENDER _____
CIT SCHOOL _____
CIT LIVES WITH (CUSTODIAL PARENT/GUARDIAN) _____

STEP 2: PARENT/GUARDIAN(S) INFORMATION

NAME _____ WORK PHONE _____
PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____

NAME _____ WORK PHONE _____
PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____

EMERGENCY CONTACT INFORMATION

NAME _____
RELATIONSHIP _____
CELL PHONE _____
ALTERNATE PHONE _____

SPECIAL ACCOMODATIONS

PLEASE LIST IF APPLICABLE

INTERNAL USE ONLY

DATE _____
BY WHOM _____
NOTES _____

STEP 3: DOCUMENTATION

Please describe why you are applying for the CIT position. Include your areas of highest proficiency, special skills, or other assets that may contribute to the Youth Ministry programs.

PARTICIPANT SIGNATURE _____ DATE _____
PARENT/GUARDIAN SIGNATURE _____ DATE _____

STEP 4: ACKNOWLEDGEMENT OF RJKCCC YOUTH MINISTRY BEHAVIORAL POLICIES & PHOTO RELEASE

A child's safety is our top priority. Youth are expected to follow The Kroc Center guidelines by keeping hands and feet to themselves, listening to all instructions and staying with the group. I understand that if my child does not adhere to these expectations disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons/drugs will result in immediate suspension or expulsion, necessitating removal from camp. In such cases I, or an authorized adult, will be responsible for picking up said child immediately.

The Salvation Army Ray and Joan Kroc Corps Community Center and any of our partner organizations may use the above listed participant's photo for promotional purposes.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STEP 5: ASSUMPTION OF RISK & LIABILITY WAIVER

Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In the condition of participation of my child in The Salvation Army's Youth Ministry program at the Ray and Joan Kroc Corps Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army, its agents, employees, and volunteers against liability for any claims, lawsuit, losses, damages, or expenses arising out of any personal injury or property damage caused by my child in connection with his/her participation in the program.

I understand that during the youth ministry programs my child may take part in activities which may require travel in a Salvation Army vehicle. It is my understanding that participating in the programs and recreational or other activities of The Salvation Army is a privilege. Prior to participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general Illinois Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost incurred for medical care.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STEP 6: DEADLINE & NOTIFICATIONS

Incomplete applications will result in applications NOT BEING PROCESSED. Please submit all of the required documentations to the welcome desk on or before the deadline listed. Applications may not be accepted after this date. Completed applications will receive a phone call from the Youth Development and Outreach Specialist indicating whether the CIT position has been awarded or denied.

PARENT/GUARDIAN SIGNATURE _____ DATE _____