

**Windsor Hills Camp and Retreat Center – You must be at least 15 by the date of the camp to be a CIT!**  
29 White Pond Rd., Windsor, NH 03244 (603) 478-3363 Fax: (603) 478-3373 Email: sandysmith@whcamp.org

## **CIT - COUNSELOR IN TRAINING APPLICATION – 2011**

CIT's are accepted for Boys' and Girls' camps. For information, call the specific camp director in charge.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of birth \_\_\_\_\_ Which Camp? BOYS GIRLS

Circle one

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Other phone \_\_\_\_\_

Church Name \_\_\_\_\_ Pastor's name \_\_\_\_\_

If this church is not a Nazarene Church, please include address and phone number

Parent (or legal guardian) name \_\_\_\_\_ Phones: \_\_\_\_\_ W: \_\_\_\_\_

### **Additional requirements to be sent to camp office (in addition to a copy of this form):**

Voluntary Disclosure statement. If 18 years of age or older, criminal background check form

Health form and permission to treat, completed and signed.

What experience do you have in working with children?

State briefly why you want to be a C.I.T

Have you attended Windsor Hills Camp as a camper  Yes  No

If yes, which camps: \_\_\_\_\_

Have you ever been a CIT before at a Windsor Hills camp?  Yes  No

If yes, Which camps: \_\_\_\_\_

Do you have special training in any of these areas  Yes (Red Cross lifesaving, babysitting, CPR, etc.)

If yes, please list

Give brief testimony. Include when you were saved and how you are living your Christian life: \_\_\_\_\_

I agree to abide by all camp rules and to act responsibly and in the best interest of the campers at all times. I understand that no smoking, alcoholic beverages, illegal drugs, weapons, radios or CD/tape players are allowed in camp and that dress shall be modest, as becomes a Christian, as defined by the camp executive director.

**SIGNATURE OF APPLICANT** x \_\_\_\_\_ **Date:** \_\_\_\_\_

For minors: My Child has my permission to participate in the CIT Program at Windsor Hills.

**Signature of Parent** x \_\_\_\_\_ **Date** \_\_\_\_\_

**I recommend this applicant for participation in the CIT program at Windsor hills.**

**Signature of Pastor** x \_\_\_\_\_ **Date** \_\_\_\_\_

### **PROVIDE 2 REFERENCES** to be contacted-(other than pastor)

Full name, address, and telephone number; relationship to you. No relatives, please.

1.

2.

**IMPORTANT: Send your CIT application to Sandy Smith, 29 White Pond Rd., Windsor, NH 03244**

Send a copy of your completed **CIT application, background check/voluntary statement and health form** to Windsor Hills Camp.

Include a CIT registration check for \$50. This will be returned if you are not selected for the program.

T Shirt Size: Circle One: Sm – Med – Lg – XLg – AdltSm – AdltMed – AdltLg

WHC reserves the right to refuse admission to any person whose health form is not on file 2 weeks before their camp begins.

# Health Form: Windsor Hills Camp 2011

29 White Pond Road, Windsor, NH 03244 voice (603)478-3363 fax (603)478-3373

**This form is confidential to camp counselors, camp directors, health personnel and the registrar.**

**Mail to: Registrar, Sandra Smith, 29 White Pond Rd., Windsor NH 03244**

**Campers, workers and staff are required to submit a new health form each year.** A qualified physician's signature must appear on each camper's health form to comply with New Hampshire State law. The "Date of Exam" must be less than 2 years prior to the camp date.

Please send Health Form to Registrar **at least 2 weeks prior to camp date.**

**Important:** You may not stay overnight on the campground until we have received a *completed Health Information Form.*

Applicant's name \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle ALL Windsor Hills Camps that you will be attending in 2010: Parent email: \_\_\_\_\_

Family Camp

Boys' Camp

Girls' Camp

Jr. High Camp

Sr. High Camp

**INSURANCE INFO:** Subscriber's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance company name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** (For children at least one must be a parent or legal guardian.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone H ( ) \_\_\_\_\_ W ( )

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone H ( ) \_\_\_\_\_ W ( )

In case of emergency, **I HEREBY GIVE PERMISSION** to the physician selected by Windsor Hills to hospitalize, secure proper treatment for, or to order injections, anesthesia or surgery for applicant. (Every effort will be made to contact parents or legal guardian.) I accept responsibility for payment of all expenses incurred as a result of medical treatment.

**SIGNATURE** of parent or guardian if a minor. X \_\_\_\_\_ Date \_\_\_\_\_

Or

**SIGNATURE** of applicant if over 18 years old. X \_\_\_\_\_ Date \_\_\_\_\_

## BELOW TO BE FILLED OUT BY PHYSICIAN

Record of immunizations (**Required DATES of latest boosters.**) You may attach a printout of immunization record and report of physical from physician's office but **we still require doctor's signature or stamp.**

DPT (date)	Oral Polio (Sabin) (date)	Rubella (date)	Hepatitis B (date)
DT (date)	MMR (date)	Mumps (date)	(if born on or after Jan 1, 1993)
Tetanus (date)	Measles (date)		

Treatment or medication to be continued at camp:

Special medication precautions or special medical concerns for camp staff, camp doctors or nurse to be aware of for this applicant in a camp setting:

Allergies: \_\_\_\_\_ **For severe allergies / medical concerns, continue on back and check here**

Special diet requirements: \_\_\_\_\_ Restrictions on activity while at camp:

Date of exam \_\_\_\_\_ Physician's name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Doctor's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE OF PHYSICIAN** or OFFICE STAMP X \_\_\_\_\_ Date \_\_\_\_\_

*If Doctor's form is substituted, be sure permission to treat is signed and exam date is noted. These areas are legally essential!*

## **Additional Optional Information**

If your child has a severe life-threatening allergy, you must call the campground to personally register that information. Call Sandy Smith at 603-478-3363

Please describe allergies to food:

Please describe allergies to medications (Also fill out Camper Medication Form and bring to registration:

Please describe any other allergies:

Are there specific health concerns you have for your child?

Is your child recovering from a recent illness? If so, please describe the incident, carefully noting any limitations this might create for your child.

According to past experiences, is your child prone to homesickness? Please offer advice:

Are there telephone numbers of additional health professionals that we should have in the event that your child needs their treatment? Please list:

Anything else you want the nurse to know?