



ORANGE COUNTY DEPARTMENT OF ENVIRONMENT, AGRICULTURE, PARKS & RECREATION
RECREATION DIVISION
302 WEST TRYON STREET | PO BOX 8181
HILLSBOROUGH, NC 27278
(919) 245-2660

C.I.T. APPLICATION:

The Orange County Department of Environment, Agriculture, Parks and Recreation have a policy of providing equal opportunities for all persons volunteering their services to the County. It is the policy of the County that all qualified applicants for volunteer will be recruited and assigned on the basis of merit without regard to race, color, religion, creed, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

Instructions: Please print or type all information. This application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. You may attach copies of documents or certificates, which support your application.

Submit by Monday, March 2.

Mail: PO Box 8181, Hillsborough NC 27278
 In Person: Bonnie B. Davis Environment and Agricultural Center, Suite 140, 1020 US 70 West, Hillsborough, Monday-Friday,
 8:30 a.m.-11:45 a.m. and 1:15 p.m.-4:30 p.m.
 Email: spipo@orangecountync.gov

Applicant Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Applicant Email Address: _____ **Telephone #:** _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Please select the sessions for which you are interested in becoming a C.I.T. Applicants will be **assigned** to a camp once the applicant has been accepted. Program fees are due **after** an applicant has been accepted into the program. Successful applicants are expected to commit to a minimum of 4 sessions.

Requested C.I.T Session (check all that apply):

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Session A
June 15-June 18
<i>(no camp June 19)</i>
7:15 a.m.-12:30 p.m.
\$28 | <input type="checkbox"/> Session E
June 29-July 2
<i>(no camp July 3)</i>
7:15 a.m.-12:30 p.m.
\$28 | <input type="checkbox"/> Session I
July 13-July 17
7:15 a.m.-12:30 p.m.
\$35 | <input type="checkbox"/> Session M
July 27-July 31
7:15 a.m.-12:30 p.m.
\$35 | <input type="checkbox"/> Session Q
August 10-August 14
7:15 a.m.-12:30 p.m.
\$35 |
| <input type="checkbox"/> Session B
June 15-June 18
<i>(no camp June 19)</i>
12:30-5:45 p.m.
\$28 | <input type="checkbox"/> Session F
June 29-July 2
<i>(no camp July 3)</i>
12:30-5:45 p.m.
\$28 | <input type="checkbox"/> Session J
July 13-July 17
12:30-5:45 p.m.
\$35 | <input type="checkbox"/> Session N
July 27-July 31
12:30-5:45 p.m.
\$35 | <input type="checkbox"/> Session R
August 10-August 14
12:30-5:45 p.m.
\$35 |
| <input type="checkbox"/> Session C
June 22-June 26
7:15 a.m.-12:30 p.m.
\$35 | <input type="checkbox"/> Session G
July 6-July 10
7:15 a.m.-12:30 p.m.
\$35 | <input type="checkbox"/> Session K
July 20-July 24
7:15 a.m.-12:30 p.m.
\$35 | <input type="checkbox"/> Session O
August 3-August 7
7:15 a.m.-12:30 p.m.
\$35 | |
| <input type="checkbox"/> Session D
June 22-June 26
12:30-5:45 p.m.
\$35 | <input type="checkbox"/> Session H
July 6-July 10
12:30-5:45 p.m.
\$35 | <input type="checkbox"/> Session L
July 20-July 24
12:30-5:45 p.m.
\$35 | <input type="checkbox"/> Session P
August 3-August 7
12:30-5:45 p.m.
\$35 | |

Have you ever volunteered for the Orange County Department of Environment, Agriculture, Parks and Recreation? Yes No

If yes, please list the events and/or dates for which you volunteered? _____

REFERENCES:

Please list three references with phone numbers that may comment on your behalf.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

SUPPLEMENTAL QUESTIONNAIRE:

(If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. You may attach copies of documents or certificates, which support your application.):

Why are you interested in becoming a C.I.T.? _____

What do you feel you could contribute to a camp program? _____

What experience, if any, do you have with leading, instructing, or mentoring younger kids? _____

Are there any special areas of camp activities that you feel are your strength? (For example Arts & Crafts, Games, Cooking, Sciences, Sports, etc.). _____

Please explain how your strength listed above will benefit our camp programs. _____

COUNSELOR IN TRAINING (C.I.T) AGREEMENT

I agree to serve, if selected, as a volunteer Counselor-in-Training with the Orange County Recreation Division during the summer of 2026. I will comply with all of the following conditions and requirements:

1. I understand that I will need to complete a background check as processed by Orange County Human Resources prior to beginning my service.
2. I agree to conduct myself in a mature, responsible manner and to remember that I am a representative of the Orange County Recreation Division.
3. I agree to attend camp punctually each day. In the event of illness or an emergency, I will contact the Orange County Recreation Division Camp as soon as possible to notify them of my absence.
4. I understand that, as a Counselor in Training and not an employee, I am under the supervision of Recreation Center staff. I am required to remain on site for the entire duration of my assigned camp day. If I am scheduled for a full day of C.I.T. duties, I will stay on site from the start of my first camp until the end of my second camp, including during my lunch break.
5. It is understood that since I am not an employee, I am not entitled to Orange County Government health insurance, worker's compensation programs, or any other benefit given to an employee of Orange County Government.
6. I have read and understand the Counselor-in-Training job description and agree to perform the duties therein to the best of my ability.
7. If my work performance or behavior is in any way deemed unacceptable by the C.I.T. Coordinator, I understand that I may be terminated immediately.

I understand that completion of the application process for the Counselor-in-Training position does not guarantee acceptance in the program.

C.I.T. Signature: _____ **Date:** _____

All complete applications will be reviewed thoroughly and without bias. Following the completion of this application, the Orange County Department of Environment, Agriculture, Parks and Recreation will only contact you if selected for interview. Selection for interview does not guarantee selection for C.I.T. position. To continue with the selection process, applicants must participate

in an interview as scheduled with the C.I.T. Coordinator. Selected C.I.T.s must be available for a training session on a date to be determined.

COUNSELOR IN TRAINING (C.I.T) CODE OF CONDUCT

The Counselor-in-Training program is designed to identify and develop young people into the leaders of today. Each C.I.T. has the responsibility to uphold high standards of behavior and conduct while participating in this program. As a C.I.T., each young person is looked at as a positive role model by our campers. The following Code of Conduct has been developed to assist C.I.T.'s know their responsibilities.

- I will be courteous at all times when working with other C.I.T.'s, camp staff, campers, and all other Recreation Division employees.
- I will listen and follow directions given to me by the camp staff and other Recreation Division employees.
- I will ask for assistance when I need it.
- I will not put myself or any other camper at risk.
- I will have fun in ways that are safe to camp, others, and myself.
- I will take proper care of and make proper use of camp supplies.
- I will take my leadership training seriously. Through my actions I can have a positive impact on young lives.
- I will follow all camp rules at all times.
- I will accomplish all duties that are given to me and then report back to my counselor. I will not neglect my duties.
- I acknowledge and accept the following violations, if committed, are subject to progressive counseling and/or dismissal from camp as directed by the Camp staff.
 - Use of profanity
 - Blatant disobedience
 - Possession or use of alcohol, cigarettes, or other drugs
 - Violent behavior, such as hitting, fighting, threatening, etc.
 - Public display of affection
 - Behavior placing other campers at risk
 - Talking, texting or using my cell phone while working
- Progressive counseling will consist of the following procedures unless the severity or repetition of incident requires other action concerning suspension and/or expulsion:
 - Counselor or camp director will call parent to inform of behavior.
 - Camp staff will meet with parent regarding behavior.
 - Child will be suspended from camp and subject to review by the Program Director and will result in a second meeting with parents and staff.
 - Parents will meet with Program Director regarding expulsion from camp.

C.I.T. Signature: _____

Date: _____

Parent Signature: _____

Date: _____

COUNSELOR IN TRAINING (C.I.T) PARENT PERMISSION SLIP:

I, _____ hereby give permission for _____ to participate in
(Print parent guardian) *(Print name of child)*
the Orange County Recreation Division Counselor in Training (C.I.T.) program.

I understand that:

- My child will be required to participate in an interview process in order to be considered for a C.I.T. position at a date to be determined.
- Not all who apply may be chosen.
- Selected applicants must be available for a training session on a date to be determined.
- Accepted applicants will be **assigned** to a camp based on camp need and the individual C.I.T.'s availability, skills, and interests.
- Program fees are due **after** an applicant has been accepted into the program and accepted their assigned camp position(s).
- Accepted applicants will be expected to adhere to the standards of their position and may be subjected to progressive counseling unless the severity or repetition of incident requires other action including suspension and/or expulsion.
- Refunds will not be given for a child dismissed from the Orange County Recreation Division Counselor in Training program.
- If my child is selected to serve as a Counselor in Training, they will be under the supervision of Recreation Center staff for the entire duration of their assigned camp day. I understand that, if my child is assigned to a full day, they must remain on site, including during their lunch break, and may not leave the premises.
- Participation as a C.I.T. does not guarantee future employment as a camp counselor.

In consideration of my child's participation in the aforementioned Orange County program, I hereby release and discharge Orange County, the Orange County Department of Environment, Agriculture, Parks and Recreation Department, and any and all employees or agents thereof from all claims of any kind or nature whatsoever arising out of actions of the above said employees or agents. To the extent allowed by law, I also consent to the transportation of my child by above said employees or agents to and from such programs or activities conducted as part of this Orange County Department of Environment, Agriculture, Parks and Recreation Department program. I consent to my child being photographed while volunteering as a C.I.T.; Orange County Recreation reserves the right to photograph and publish photographs of participants for publicity purposes.

Parent Signature: _____ **Date:** _____



RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Orange County Government (hereinafter referred to as "Orange County") and any participation in any program affiliated with Orange County, without respect to location, I, for myself and any personal representatives, heirs, dependents and next of kin, hereby acknowledge and agree to the following while at or on Orange County premises, regardless of location:

1. I have inspected, or immediately upon entering or participating will inspect and carefully consider, Orange County premises, facilities and any program and entering and remaining or participating constitutes an acknowledgement that I find and accept the facility and any program as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I hereby release, save, and hold harmless Orange County, its directors, officers, employees, and agents (hereinafter referred to as "Releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my or my dependent's presence, upon, or about the Orange County premises or in any way observing or using any facilities or equipment of Orange County or participating in any program affiliated with Orange County.
3. I acknowledge that participation in Orange County activities or facilities involves known and unanticipated risks which could result in injury, paralysis or permanent disability, death, and property damage. I hereby assume full responsibility for the risk of any injury, paralysis, disability, death, or property damage or loss while in, about, or upon the premises of Orange County or location of a program affiliated with Orange County and release, waive, and covenant not to sue the Releasees. I understand and accept all such risks as may be present or become present at any Orange County facility or any program in which I or my dependent's may participate.
4. I hereby agree that my or my dependent's participation in these activities or facilities is voluntary, and we elect to participate despite the risks. If at any time I believe that event conditions are unsafe or that I or my dependent are unable to participate due to physical or mental conditions, I will immediately discontinue participation for myself or my dependent. I represent that in being at any Orange County facility or participating in any Orange County program neither I nor my dependent have any medical or physical conditions which could interfere with our safety or the safety of any third party.
5. I represent that I have adequate insurance to cover any injury or damage I or my dependent may suffer or cause while participating in this activity or else I agree to bear the costs of such injury or damage myself and I agree to defend and indemnify the Releasees from and against any and all liability, damage, loss, or expense (including reasonable attorneys' fees and all litigation costs) arising from or in connection with my or my dependent's presence at or use of any Orange County facility or my or my dependent's participation in any program together with any third party claims, suits, actions, demands, or judgments under any theory of liability (including without limitation actions in the form of tort, warranty, or strict liability) resulting from or arising out of my or my dependent's presence at or use of any Orange County facility or my or my dependent's participation in any program.
6. I hereby agree that Orange County may photograph or capture video or audio or both of me or my dependent while participating in an Orange County activity or program or while at or on Orange County premises or on any other affiliated Orange County property and Orange County may use those photographs video, or audio for its marketing purposes and any governmental purpose and further agree to release both Orange County and Releasees from any claim, damage, cost, or liability related to that use; waiving all claims for myself, my child and any and all heirs, dependents and next of kin. I agree to defend and indemnify the Releasees from and against any and all liability, damage, loss, or expense (including reasonable attorneys' fees and all litigation costs) arising from or in connection with such use of photographs, video, or audio together with any third party claims, suits, actions, demands, or judgments under any theory of liability (including without limitation actions in the form of tort, warranty, or strict liability) resulting from or arising out of such use of photographs, video, or audio.
7. I understand that the Releasees do not have medical personnel available at the location of the Orange County facilities and programs. I hereby grant the Releasees permission to administer first aid or to authorize emergency medical treatment or transport, if reasonably necessary, and fully consent to such first aid, reasonable emergency medical treatment, or transport for myself and my dependent. I understand and agree that any such action by the Releasees shall be subject to the terms of this Release, Indemnification, and Hold Harmless Agreement ("Agreement"), including any liability arising from the negligence of the Releasees when administering first aid or authorizing others to do so and any related transportation. I understand and agree that the Releasees do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized first aid, emergency medical treatment, or transportation.
8. I give permission for myself and my dependent to be transported by Orange County as needed for field trips, inclement weather, or late pick-ups.



RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

9. I expressly agree that this AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any portion hereof is held invalid the remaining portions shall remain in full legal force and effect.
10. I have read and reviewed [Orange County's Facility Use Policy \(the "Policy"\)](#), and understand my and my dependent's expectations for use of Orange County facilities or premises and all restrictions and authorizations contained in or referenced by the Policy.
11. I understand and acknowledge that any dispute arising out of the terms of this Agreement must be brought in the North Carolina General Court of Justice sitting in Orange County, North Carolina.
12. I HAVE READ AND VOLUNTARILY SIGN AND AGREE TO THIS AGREEMENT, and further agree that no oral representations, statements, or inducement apart from the foregoing written Agreement have been made.

Participant/Guardian Signature (Adult) _____

Printed Name _____

Dependent's Name(s) _____

Date _____