The above individual is under consideration for participation as a Counselor-in-Training for the City of St. Cloud Summer Camp Program. Campers enjoy various activities such as sports, games and arts and crafts. As a Counselor-in-Training, the applicant will learn how to be an effective counselor through instruction and by working directly with the campers. Please help us in our selection by giving your assessment of this person’s abilities. Thank you.

How long have you known the applicant and in what capacity? (ie: friend, teacher, etc.)

Please describe the applicant’s maturity and responsibility.

Does the applicant enjoy working with the children? Does he/she work well with children? Please cite examples:

What factors, if any, may limit his/her effectiveness?

What sports skills (if any) does the above applicant possess?

Would you recommend this applicant to become a Counselor-in Training? Why or why not?

(Continued on Reverse)
Please rate the candidate on the following skills:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Poor</th>
<th>Not Acceptable</th>
<th>Not Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
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<td>Common Sense</td>
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<td>Ability to handle Emergency Situations</td>
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<td>Self-confidence</td>
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<td>Ability to work with children</td>
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<td>Ability to express self</td>
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<td>Ability to accept supervision</td>
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<tr>
<td>Ability to plan, delegate and follow through</td>
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</table>

Print Name: _____________________________________  Position: _________________________________

Signature: _________________________________  Date: _________________________________

Address: _____________________________________  City/ST/Zip: _________________________________

Home Phone: _________________________________  Work Phone: _________________________________

Please return to: Lillian Rosario

Deadline: 3/27/2020  Human Resource Technician
City of St. Cloud  1300 9th Street
St. Cloud, FL 34769

For more information: Lillian Rosario
PH: 407-957-8435
FAX: 407-957-7273
lillian.rosario@stcloud.org
# Volunteer Application

## Name:  

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<tr>
<th>First</th>
<th>M.I.</th>
<th>Last</th>
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</table>

## Address:  

City/State/Zip:

## Department(s) you are interested in volunteering for:

E-mail address:

## Home Phone: ( )  

Work Phone: ( )  

Cell Phone: ( )

## Check all that apply

### Education:
- [ ] Diploma or GED
- [ ] Still in High School
- [ ] 2 Years of College
- [ ] 4 Years of College
- [ ] Graduate Degree
- [ ] Other

### Special Skills:
- [ ] Windows
- [ ] 10-Key
- [ ] Typing: ______ wpm
- [ ] MS Word
- [ ] MS Excel
- [ ] Access
- [ ] PowerPoint
- [ ] Other

### Drivers’ License:
- [ ] Class E-Operator
- [ ] CDL – A
- [ ] CDL – B
- [ ] CDL – C
- [ ] Other

### Languages:
- [ ] English
- [ ] Spanish
- [ ] Other

### Certifications:
- [ ] CPR
- [ ] First Aid
- [ ] Other

### List any other skills that may pertain to your area of interest:
- [ ] Fundraising
- [ ] Planning Events
- [ ] Record Keeping/Accounting
- [ ] Muscular
- [ ] Art Work
- [ ] Grant Writing
- [ ] Presentations
- [ ] Clerical
- [ ] Painting Walls/Buildings
- [ ] Landscaping
- [ ] Woodworking
- [ ] Computer Work
- [ ] Other (please specify)

## Are you at least 16 years old or older?  

[ ] Yes  

[ ] No

## Do you require any special accommodations, if so, please specify:

## Specify Volunteer Jobs or Programs you are interested in:

## To your knowledge, do you have any relatives working for the City of St. Cloud?  

[ ] Yes  

[ ] No

If yes, state name of employee and relationship:

## Are you a current or former sworn law enforcement officer, other employee** or the spouse or child of one, who is exempt from public records disclosure under F.S., 119.07 (4)(1)?  

[ ] Yes  

[ ] No

** Other covered jobs include: code enforcement officers, HR Directors, Firefighters

## Have you ever volunteered or worked for the City of St. Cloud?  

[ ] Yes  

[ ] No

If yes, state year and department:

## Availability:

Can Start When:  

# of Hours per Day:  

# of Days per Week:  

## Reason for wanting to volunteer:

## Please list any relevant volunteer or work experience:

---

Last Revised: 1/2016
Have you ever been convicted of a MISDEMEANOR or FELONY other than minor traffic violations and/or placed on probation, fined or given a suspended sentence in court? Include any convictions by military trial and any criminal charges for which you are awaiting trial.  

- Yes  
- No

List all cases other than minor traffic violations (driving under the influence, reckless or hit-and-run are not minor traffic violations).

Your fingerprints may, at some point, be sent to State and Federal agencies and will be subject to satisfactory review of any criminal convictions. PLEASE NOTE: A full disclosure by you is to your advantage, as your record does not constitute an automatic bar to service. Factors such as, but not limited to, age at time of offense(s) and date of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION.

**List three references non relatives (may be from previous jobs):**

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<th>Name</th>
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**VOLUNTEER POSITIONS WITH THE CITY OF ST. CLOUD ARE NON-PAID. FURTHERMORE, VOLUNTEERING WITH THE CITY DOES NOT IMPLY THAT THERE MAY BE ANY POTENTIAL PART-TIME OR FULL TIME EMPLOYMENT OR BE CONSTRUED AS AN OFFER OF EMPLOYMENT AFTER COMPLETION OF VOLUNTEERING.**

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from service. I hereby authorize investigation of all statements I have made herein. I authorize the companies or persons named herein to give any information regarding my past employment, together with any information that they have regarding me, whether or not it is on their records. I hereby release said companies or persons, and the City of St. Cloud from all liability for any damages whatsoever for issuing or obtaining this information. In the event I am selected for service by the City of St. Cloud, I agree to comply with all its policies, rules and regulations.

Date: __________________________  Applicant’s Signature: __________________________

Volunteer Application  
Last Revised: 1/2016
CITY OF ST. CLOUD

COUNSELOR-IN-TRAINING (C.I.T.) AGE CONFIRMATION FORM

This form serves as verification that the below minor is 14 years of age or above.

I, ________________________________ confirm that my child ________________________________, Parent/Legal Guarding CIT participant.

Date of birth, _______________ is or will be 14 years old before June 1, 2020.

MINOR’S SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

TO BE COMPLETED BY EMPLOYER:

Type of Evidence of Age Accepted:

☐ Birth Certificate ☐ FL State ID ☐ Passport ☐ Other (Explain) ____________________________

STATE OF FLORIDA
COUNTY OF OSCEOLA

Sworn to and subscribed before me this _____ day of _____________, 20____, by __________________ who is personally known to me or who produced identification ________________________________

__________________________ My commission expires on: ________________
Notary Signature

__________________________ Notary printed/ typed name
The City of St. Cloud Parks and Recreation
Youth Camp Counselor-In-Training program

The Counselor-in-Training program has been developed to give young people age 14 and older the opportunity to acquire leadership skills through involvement in the St. Cloud Parks & Recreation Department Summer Camp Program.

All candidates MUST complete a Counselor-In-Training application, a Volunteer application with at least two reference forms and a satisfactory discipline record for school year 2018-2019 and turn them into the Human Resource department at City Hall. Reference forms should not be from any relative (mother, father, guardian, grandparents, siblings, etc.). Appropriate references should be teachers, neighbors, family friends, coaches, etc. The deadline to submit a Counselor-In-Training application is **Friday March 27, 2020**.

Applicants may be contacted to interview for the Counselor-In-Training program once all applications have been received. There are limited spots available, and the candidates that are chosen will be notified via email and/or phone.

The City of St. Cloud Summer Camp program will be held June 4, 2020- August 7, 2020. The dates are based off of the Osceola County School District calendar. CIT’s are strongly encouraged to work Monday through Friday. The shift is typically from 8:15am-5:15pm with two 30 minute breaks, scheduled at 12:15pm and 3:30pm. If a CIT needs to work a different shift, the CIT must get the approval of the Special Events and Programs Supervisor or Recreation Superintendent. The CIT’s are also required to participate in the summer camp training. Camp training will be held June 1-2, 2020.

For more information regarding the CIT program, please contact Parks and Recreation at 407-957-7243.

For more information regarding the volunteer or employment application process, please contact Human Resources at 407-957-7220.
City of St. Cloud

Counselor-In-Training Application

The goal of the Counselor-In-Training (CIT) program is to provide 14-16 year olds with the opportunity to be mentored by our Summer Camp Counselors, Camp Leads and Supervisors and to learn the leadership skills that are necessary for them to act as role models for children younger than themselves. CIT’s will be assigned to a specific age group within Youth Camp each week of Summer Camp, and through hands-on experience, will have the opportunity to interact with counselors and campers in the operation of our Summer Camp Program. CIT’s will have extensive amount of direct interaction with program participants and as such should be friendly and approachable.

Personal Information:

Full Name: ______________________________

Will you be at least 14 years old or older by June 1, 2020?  Yes     No (Circle one)

Address: ______________________________________________________________

City: ____________________________ State: ________ Zip: ______________

Phone: ____________________________ Email: ______________________________________

Parent/Guardian’s Name: ________________________________________________________

Phone: ____________________________ Email: ______________________________________

Summer Camp 2020: June 4, 2020- August 7, 2020; based off of the Osceola County School District Calendar

• CIT’s work a schedule from 8:15am-5:15pm, with two 30-minute breaks (12:15pm-12:45pm and 3:30pm-4:00pm)

Have you attended the City of St. Cloud Summer Camp Program before?   Yes     No (Circle one)
If yes, what year(s) were you a participant? __________________________________________

Continued on next page

Education:

Current School: ____________________________ Current Grade: _________________________

Favorite Classes: _________________________________________________________________

Additional School Activities:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

General Questions:

What types of sports and recreational activities do you enjoy?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

What qualities do you think a good camp counselor should have?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

What do you feel you can contribute to the Summer Camp program?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Continued on next page
Why do you want to be a Counselor-In-Training (include skills you would like to gain from this position)?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________ 

Applicant Signature ___________________________     Date

Parent/Guardian Signature ___________________________     Date

Application Process:

1. Please return the completed CIT application, volunteer application, two (2) reference forms and a satisfactory discipline record for school year 2019-2020 to:

   Lillian Rosario
   City of St. Cloud
   Human Resource Department
   Building B, 3rd Floor
   1300 9th Street
   St. Cloud, FL 34769

2. Once your paperwork is complete, you may be contacted for an interview by the Parks and Recreation Department. There are limited spots available for the CIT program- past City of St. Cloud CIT experience does not guarantee a spot in this current years CIT program.

3. All applications must be received no later than March 27, 2020 to be considered for the summer 2020 Counselor-In-Training program.

4. Incomplete applications will not be considered.