

# MARITIME COLLEGE

STATE UNIVERSITY OF NEW YORK



## Counselor in Training Handbook and Application 2017

## **I. Program Objective**

SUNY Maritime College's Waterfront Department Counselor in Training (CIT) Program provides young adults the opportunity to acquire professional work experience and leadership skills through involvement in our summer camp program.

## **II. Qualifications**

Counselor in Training candidates must:

- A. Be at least age 15, as of the first day of camp
- B. Have previously participated in SUNY Maritime College's Maritime Adventure Summer Boat Camp or similar program as a camper
- C. Possess a high degree of responsibility, maturity, reliability, and enthusiasm

## **III. Program Benefits**

The Counselor in Training Program provides young people with valuable work experience in a fun environment. Qualified Counselor in Training candidates will gain experience in the process of applying for a job by completing a job application and interviewing for the position. If successful, Counselors in Training may use this experience for future job references and/or scholarship applications.

## **IV. Job Description, Function and Duties**

- A. Purpose: To assist Summer Camp Counselors in the provision of a quality summer camp program for children ages 10 to 15.
- B. Function: Work under the general supervision of the Camp Director.
- C. Duties:
  1. Adhere to policies and procedures set forth in this Counselor Handbook
  2. Assist Camp Director and Senior Counselors in the supervision of assigned campers. Counselors in Training are not permitted to supervise campers alone or to implement disciplinary action toward any camper.
  3. Assist Senior Counselors in activities by enthusiastically participating in planned events, projects and programs
  4. Assist Counselors in the set up and cleanup of all activities
  5. Maintain camp equipment and supplies
  6. Report on program and campers to Counselors/Staff
  7. Attending daily briefs and debriefs

## **V. Hours**

Counselors in Training are expected to attend one week of training before camp starts (June 19<sup>th</sup> – 23<sup>rd</sup>) and work at least five of the six weeks of camp from. Each camp day (Monday – Friday) Counselors in Training are expected to work from 8:30 a.m. to 5:30 p.m. or arrive 30 minutes before camp starts and 30 minutes after camp ends.

On any given day, Counselors in Training are welcome to assist with extended camp from 8:00 a.m. to 6:00 p.m. Counselors in Training are also welcome and encouraged to help set-up before camp starts and breakdown the summer camp after camp ends.

## **VI. Dress Code and Cell Phones**

All Counselors in Training are required to have a neat, professional appearance that reinforces safety and seamanship lessons taught by SUNY Maritime College staff.

The following are required:

1. Closed toed shoes with non-marking soles to protect feet
2. Hats, sunglasses and other sun-protecting gear
3. Personal Floatation Device and sun screen (provided by SUNY Maritime College if you do not have your own)

The following attire is not appropriate:

1. Cut-off shorts
2. Clothing with inappropriate graphics including but not limited to promotion of violence or alcohol and tobacco products
3. Clothes with holes
4. Flip flops or sandals (except during swim time)
5. Two-piece swimsuits
6. Earrings are to be worn only in the ears.

Use of cell phones, pagers, personal radios/MP3 players, video games while on duty is not permitted.

Parents should call the SUNY Maritime College Camp Director at 718-409-7460/917-574-6248 or 718-409-2447 to speak with a Counselor in Training when on duty.

## **VII. Absenteeism Policy**

If a Counselor in Training cannot work due to illness or other emergency, it is mandatory that the absence be reported to the Camp Director at least one hour ahead of planned work schedule. Counselors in Training will be allowed to take limited time off (maximum of five days) to participate in family vacations or other recreational interests as long as the Camp Director is notified at least one week in advance. Two unexcused absences may result in dismissal.

## **VIII. Transportation**

Counselors in Training are expected to report to camp at their scheduled time. Camp staff or campers cannot provide transportation for Counselors in Training without written permission from a parent/guardian.

## **IX. Disciplinary Procedures**

The SUNY Maritime College Waterfront Department has established the following policy and related procedures to help ensure that unacceptable behavior is corrected so that individuals involved can continue participating in the Counselor in Training Program. It is the department's intent to dismiss those individuals who do not correct their behavior after an opportunity to do so.

Grounds for Action: The following are declared to be grounds for oral reprimand, written reprimand, suspension, or dismissal:

- A. Violation of the dress code
- B. Use of cell phones, iPod's, game boys or any other electronic devices during camp, without prior approval of Camp Director
- C. Careless or improper use of SUNY Maritime College property or equipment
- D. No call, No show – failure to report to work without proper notification
- E. Use of abusive language and/or rudeness
- F. Lack of attention in following supervisory instructions
- G. Smoking while on the job or on SUNY Maritime College campus
- H. Inconsiderate attitude or actions dealings with the public, supervisors, staff or campers including horseplay (tickling, punching, throwing food, etc.)
- I. Harassment (including, but not limited to, any unwanted physical contact or inappropriate verbal comments)
- J. Physically harming or threatening a camper or other staff member
- K. Reporting to work under the influence of drugs and/or alcohol
- L. Other such actions that create a hazardous/unsafe situation, or violate the law.
- M. Bullying of any kind

## **X. Application and Selection Process**

The application process for the Counselor in Training Program is considered part of the educational mission of the program. Candidates are encouraged to complete the process entirely by themselves. Parents/Guardians are strongly discouraged from contacting SUNY Maritime College on their child's behalf, doing so will detract from your child's application. Of course parents are welcome to ask specific questions about the program operation and safety. The application process includes:

1. **Application** – All candidates must complete the one page application. Past Counselors in Training must re-apply, meet the current Counselor in Training qualifications and are not guaranteed a Counselor in Training position from year to year. Every qualified candidate is given the same, fair chance and must start from anew each season.

2. **Questions** – Concise answers to the eight questions in the application.
3. **Resume** – As part of the education process, candidates are encouraged, but not required, to create a simple resume that lists any past relevant experience such as being a camper, babysitting, or specific boating related skills.
4. **Letter of Recommendation** - All candidates must submit at least one letter of recommendation with their application. Appropriate references are from previous supervisors, counselors, teachers, neighbors, friends, or coaches. Recommendation letters should not be from any relative (mother, father, guardian, grandparents, siblings, etc.).
5. **Counselor in Training Fee** – A check to “*SUNY Maritime College*” in the amount of \$600 must be submitted by June 1<sup>st</sup>. The check will only be deposited upon the candidate’s acceptance of an employment offer. Candidates not chosen or declining an offer will have their check returned. This fee includes supervision, supplies, t-shirts, and lunch each day.

All Counselors in Training will be required to consent to a background check as required by the New York City Department of Health. Participants must also sign a photography release for advertising purposes.

All Counselors in Training must submit the Health Form included in this packet.

Applications for the Counselor in Training Program are due by the close of business March 15<sup>th</sup>, 2017. Interviews will be conducted shortly thereafter with candidates chosen to participate in the Counselor in Training program being notified by May 1<sup>st</sup>.

**The five items listed above that make up the completed application should be sent to: [waterfront@sunymaritime.edu](mailto:waterfront@sunymaritime.edu)**

**If you are selected as a CIT, the fee is \$600.00. You must submit a check made out to ‘SUNY Maritime College’ for \$600.00 by June 1<sup>st</sup>, 2017 to be eligible to participate. Checks may be mailed to:**

**SUNY Maritime College  
Attn: Rob Crafa/Waterfront  
6 Pennyfield Ave.  
Bronx, NY 10465**



**Counselor-In-Training Application  
Summer 2017**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:

Home: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent(s)/ Guardian(s) Name(s): \_\_\_\_\_

T-Shirt Size (circle one):

Youth Small   Youth Medium   Youth Large  
Adult Small   Adult Medium   Adult Large   Adult Extra Large

I \_\_\_\_\_ (insert your name) consent to SUNY Maritime College performing a background check as required by the New York City Department of Health.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On a separate sheet of paper answer the following questions:

1. Why are you interested in becoming a Counselor in Training?
2. What experiences have you had working with children?
3. What are your favorite hobbies?
4. What are your favorite subjects in school?
5. List five things that make you happy.
6. List your strengths.
7. List things you would like to improve about yourself.
8. What prior commitments do you have this summer (classes, vacations, camps, etc)?
9. Any additional comments?

**Return completed application along with question answers, a resume (if you have one), and a letter of recommendation by March 15<sup>th</sup>, 2017 to: [waterfront@sunymaritime.edu](mailto:waterfront@sunymaritime.edu).**

**Important: If you are selected as a CIT, the fee is \$600.00. You must submit a check made out to 'SUNY Maritime College' for \$600.00 by June 1<sup>st</sup>, 2017 to be eligible to participate.**

**HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS**  
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM \_\_\_\_\_

\_\_\_\_\_ / / M  F   
CHILD'S LAST NAME FIRST NAME BIRTHDATE SEX

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: Father (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

If Parent, Guardian are not available in an emergency, notify:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

or 2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Important:** Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:  
Yes  No  (If yes, state type of exposure: \_\_\_\_\_)

**HEALTH HISTORY:** (Check box if child has had afflictions, give appropriate dates)

Allergies

- |  |   |
|--|---|
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Hay Fever _____        |
| <input type="checkbox"/> Seizures _____        | <input type="checkbox"/> Poison Ivy, etc. _____ |
| <input type="checkbox"/> Diabetes _____        | <input type="checkbox"/> Insect Stings _____    |
| <input type="checkbox"/> Asthma _____          | <input type="checkbox"/> Penicillin _____       |
| <input type="checkbox"/> Chicken Pox _____     | <input type="checkbox"/> Other Drugs _____      |
|  | <input type="checkbox"/> Food _____             |

Other Past Illnesses \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Hospitalization (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

**Conditions that require activity to be restricted?** \_\_\_\_\_

Permission for all program activities unless otherwise noted by Dr. \_\_\_\_\_

**Appliance worn (glasses, contacts, etc.)** \_\_\_\_\_

**Medication taken** \_\_\_\_\_

Suggestion from Parent/Guardian \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

*I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.*

Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Tel.# \_\_\_\_\_

Department of Health and Mental Hygiene — The City of New York — Bureau of Food Safety and Community Sanitation

**PHYSICAL EXAMINATION**

(To be filled out by Physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

**IMMUNIZATION HISTORY** – This is a record of dates of basic immunization and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus Influenzae type b (Hib)		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Other _____	Date _____	Other _____	Date _____

**MEDICAL EXAMINATION** – To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

- Code: S = Satisfactory
- X = Not Satisfactory (Explain)
- 0 = Not Examined

General Appearance \_\_\_\_\_

Genitalia \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Posture & Spine \_\_\_\_\_ Throat - Tonsils \_\_\_\_\_

Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Feet \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_

Hgb. Test (Date) \_\_\_\_\_ Urinalysis (Date) \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_ w/Glasses \_\_\_\_\_ Extremities \_\_\_\_\_ Heart \_\_\_\_\_

Ears \_\_\_\_\_ Hearing \_\_\_\_\_

Neurological Findings \_\_\_\_\_

Describe Abnormal Findings and/or Handicapping Conditions \_\_\_\_\_

Allergy: (Please specify) \_\_\_\_\_

Recommendations and restrictions while in camp:

Special Diet \_\_\_\_\_

Special Medicine (dose, route of administration, when should it be administered) \_\_\_\_\_

Is parent/guardian sending special medicine? \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Swimming \_\_\_\_\_ Diving \_\_\_\_\_

General Appraisal: \_\_\_\_\_

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

\_\_\_\_\_  
 EXAMINING PHYSICIAN (SIGNATURE) **M.D.**

\_\_\_\_\_  
 PHYSICIAN'S NAME (PLEASE PRINT)

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Date of Examination \_\_\_\_\_

ZIP CODE