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 including 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. Counselor in Training’s are not allowed to supervise campers alone or to implement disciplinary action toward campers.
   3. Assist Senior Counselors in conducting activities by enthusiastically participating in planned activities.
   4. Assist Counselors in the set up and cleanup of activities.
   5. Maintain camp equipment and supplies.
   6. Report on program and campers to Counselors/Staff.

V. Hours

Counselors in Training are expected to attend one day of training before camp starts and work at least five of the six weeks of camp from Monday, June 29th, 2015 through Friday, August 7th, 2015. Each camp day (Monday – Friday) Counselors in Training are expected to work each day 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 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 sun screen (provided by SUNY Maritime College)
3. Personal Floatation Device (provided by SUNY Maritime College if you don’t 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.
7. Use of cell phones, pagers, personal radios/MP3 players, video games while on duty.

Parents should call the SUNY Maritime College Camp Director at 718-409-7460/917-574-6248 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.

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 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 scratch.

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 $200 must be submitted with the application. 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 and photography release for advertising purposes.

All Counselors in Training must submit the Health Form

Applications for the Counselor in Training Program are due by the close of business April 1st. Interviews will be conducted shortly thereafter with candidates chosen to participate in the Counselor in Training program being notified by April 30th.

The five items above that make up the completed application should be sent to:

Rob Crafa, Waterfront and Camp Director
SUNY Maritime College
6 Pennyfield Avenue, McMurray Hall
Bronx, New York 10465
Ph: 718-409-7460
Fx: 718-409-7354
E-mail: rcrafa@sunymaritime.edu
Counselor-In-Training Application  
Summer 2015

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.
  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), $200 check made out to “SUNY Maritime College” and a letter recommendation by April 1st, 2015 to:  
Rob Crafa, Waterfront Director and Camp Director  
SUNY Maritime College, 6 Pennyfield Avenue, McMurray Hall, Bronx, New York 10465  
Ph: 718-409-7460       Fx: 718-409-7345       E-mail: rcrafa@sunymaritime.edu

OFFICE USE ONLY
Date received _______Interviewed ________Accepted ________Declined ________
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)

☐ Rheumatic Fever _____________________________________________
☐ Seizures ____________________________________________________
☐ Diabetes ____________________________________________________
☐ Asthma _____________________________________________________
☐ Chicken Pox ________________________________________________

☐ Hay Fever __________________________________________________
☐ Poison Ivy, etc. _____________________________________________
☐ Insect Stings ______________________________________________
☐ Penicillin __________________________________________________
☐ Other Drugs ________________________________________________
☐ 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 __________________________________

_________________________  ________________________________  Date ___________  Tel.# ___________
Relationship  Signature

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.

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

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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.

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<thead>
<tr>
<th>Vaccine</th>
<th>Date 1</th>
<th>Date 2</th>
<th>Date 3</th>
<th>Date 4</th>
<th>Date 5</th>
<th>Date 6</th>
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<td>DTaP, DTP, DT, Td</td>
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<td>Polio</td>
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<td>MMR</td>
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<td>Hemophilus Influenzae type b (Hib)</td>
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<td>Hepatitis B</td>
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<td>Varicella</td>
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<td>Pneumococcal Conjugate (PCV)</td>
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<td>Other</td>
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</table>

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.

______________________________

M.D.

EXAMINING PHYSICIAN (SIGNATURE)

______________________________

PHYSICIAN’S NAME (PLEASE PRINT)

Telephone  ____________________ Address  ____________________

Date of Examination  ____________________

DCR 7 (Rev. 2/04)  ____________________

ZIP CODE