

**Boys & Girls Club of Assabet Valley**  
**COUNSELOR IN TRAINING APPLICATION**

*Please return completed forms to the Boys & Girls Club by May 1st, 2026*

**Participants Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade entering Fall 2025:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Cell**

**#:** \_\_\_\_\_ **Parent's Cell #:** \_\_\_\_\_ **Email**

**Address:** \_\_\_\_\_ / \_\_\_\_\_

**Size T-Shirt:**  YL  AS  AM  AL  AXL  AXXL

(Additional t-shirts are available for \$10)

***Please answer the following questions on the back of this form or on separate sheet:***

- 1) What contributions do you think you will make at the Boys & Girls Club's Summer Programs?
- 2) Why do you want to be a Summer CIT?
- 3) What are your goals as a Summer CIT?
- 4) What are some of your hobbies or favorite activities?
- 5) Which program are you most interested in? (Please select all that apply)
  - Full Day (Grades 2-7) - Half Day (Grades 2-7) - Summer Adventures (Grades K-1)
- 6) Are there any reasons you may have difficulty performing any of the daily tasks of a Summer CIT?

Yes: If yes, please explain:  No

### **Parental Consent Form**

I hereby give permission for my child to participate in the selection process for the Full Day CIT program. I understand that my child must turn in a fully completed application and questionnaire before being granted an interview. I understand that all applicants must be current members of the Boys and Girls Club of Assabet Valley, and that this program is subject to certain requirements and expectations in order to participate. Members who are selected but do not adhere to the rules and guidelines of the program may be suspended or expelled from the program without refunds. I also understand that this application or the granting of a CIT position does not represent a contract or a promise of any future employment by The Boys and Girls Club of Assabet Valley.

I am aware that it my responsibility to notify staff if my child has an IEP, 504, behavior plan, or any reasonable accommodations that your child may require. In order to support your child appropriately, we require that any and all accommodations be communicated with Club Directors before the start of the program.

As the parent/guardian of the registered child, I give my consent for my child to be photographed during Boys & Girls Club or Maynard Recreation programs or activities to be used in newsletters, newspapers, and/or any other promotional materials. Furthermore, I authorize my child's photo to be used for social media purposes including, but not limited to the Boys & Girls Club of Assabet Valley's website, Facebook and LinkedIn accounts.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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