



Rising Counselors

Summer 2024 Application / Registration Form

The Rising Counselors program is a rewarding experience for young individuals looking to gain experience working with children. Participants have the opportunity to plan and execute camp activities, shadow experienced camp counselors, and leave with a letter of recommendation from the head counselor. Participants will go through CPR & First Aid training, a valuable skill that can enhance their ability to handle emergency situations and ensure the safety of campers.

Dates & Times:

Monday, Wednesday, & Friday

9:00 AM- 3:00 PM

June 17th - August 16th, 2024

*No Camp Friday, July 5th

Registration Requirements:

- Completed Registration Form and Waiver
- Completed Rising Counselors Questionnaire

Fill out our questionnaire to help us get to know you!

Registration Details:

Registration March 25th, 2024

- Applications received between 3/25/24-4/30/24 can expect to hear back by 5/6/24

Registration Deadline: June 3rd, 2024

Program Cost:

\$100 / City Residents

\$120 / Non-Residents

- Cost Includes Summer Pool Pass & Summer Pass to the Rutland Recreation Community Center

Full Payment Due by June 7th, 2024

**Please Return Completed Applications to Emilee Bose | Email: emileeb@rutlandrec.com
OR In Person at the Godnick Adult Center | 1 Deer Street, Rutland VT, 05701**

Registration Form

Rising Counselor Information:

Full Name: _____

Nickname(s): _____ Preferred Pronouns: _____

Date of Birth: _____ Grade: _____

Parent/ Guardian Household Information:

Full Name: _____ Preferred Pronouns: _____

Relationship to Participant: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Physical Address: _____

Town: _____ State: _____ Zip Code: _____

Have you set up an account with the Rutland Recreation and Parks Department since October 1st, 2023? Yes ___ No ___

If not, we encourage all applicants to go to our website and create an account. This makes the registration process quicker and easier! To create an account go to <https://secure.rec1.com/VT/rutland-vt/catalog>

Does your child have any dietary restrictions/allergies? Yes ___ No ___

If yes, please specify here: _____

Does your child take any medications? Yes ___ No ___

If yes, please specify here: _____

Any special considerations or accommodations we should be aware of? Yes ___ No ___

If yes, please specify here: _____

Rising Counselor Questionnaire

What do you prefer being called? _____

What is your favorite color? _____

What is your favorite food? _____

What is your favorite subject in school? _____

What is your least favorite subject in school? _____

If you could plan your ideal summer activity, what would it be?

What age group are interested in working (Pre-K or K-2) and why?

Have you completed the babysitting course with the Recreation Department? (Not a requirement) Yes ____ No ____

Will you be missing any dates / going on vacation during the 9 week program? If so please indicate which dates you will not be attending. Yes _____ No _____

Please tell us why you are interested in joining the Rising Counselors Program.

Participant Waiver

I realize that, as with any physical activity there is a possible risk of injury to myself and/or my child while participating in this activity. I agree to assume the risk of injury which I or my child might suffer while involved in the Rutland Recreation and Parks Department activity and I will not hold the City of Rutland, or its staff and volunteers liable for any injuries which I and/or my child may suffer while participating in these activities. I consent to the use of my child's and/or my photo, video, artwork, etc. to be used by the department for flyers, brochures and other methods of advertising.

Parent/ Guardian Signature: _____ Date: _____

Rising Counselor Signature: _____ Date: _____