

# Application Form – Counselor in Training - Summer 2017

## **Applications due April 3, 2017**

Please return completed applications to:

Minnesota Landscape Arboretum  
Learning Center Attn: Counselor in Training  
3675 Arboretum Drive  
Chaska, MN 55318  
Phone: 612-301-1210

Please fill out the form. For details about being a Counselor in Training (CIT), please read the job descriptions.

## **Counselor in Training**

Please check which program you would like to apply for:

Children's Garden

Day Camps

Full name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grade \_\_\_\_\_ Age as of June 1 \_\_\_\_\_ School \_\_\_\_\_

## **Please answer the following questions on a separate sheet or paper and turn it in with this application**

1. Why do you want to be a CIT?
2. What knowledge, skills, or talents do you have that will help you as a CIT?
3. What is one thing you would like to learn about gardening or nature this summer?
4. What is one activity we should do in the garden or day camps this summer and why?
5. Have you participated in a Summer Camp or Children's Garden at the Learning Center in the past?
6. Please list the programs you are interested in volunteering for this summer.

**Parent permission and support**  
**Please have your parent or guardian complete this page**

Parent/guardians please read the following statement and sign below if you agree.

I have read and understand the commitment my child is going to make to be part of the summer CIT experience. My child has my permission to volunteer as a summer CIT for the hours on the schedule. I understand that my child is expected to arrive ½ hour before the regular class starts and to stay ½ hour after class to help the teacher with setup and cleanup. I will support them in their efforts, encourage them, and ensure they are able to attend all of their garden sessions. I give permission for pictures of my child and/or copies of his/her written or drawn work to be used to document and promote this mentor program.

I understand the arrangements and believe the necessary precautions and plans for the care and supervision of the mentors will be taken. Beyond this, I will not hold the Minnesota Landscape Arboretum or those supervising this program responsible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_

Telephone number during summer garden mentoring hours \_\_\_\_\_

**In case of emergency, if you cannot be reached, who should we contact?**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to your child \_\_\_\_\_