



## Flanders Nature Center & Land Trust Volunteer Counselor-in-Training (CIT) Application

Dear Applicant,

Thank you for considering volunteering your time, talents and energy to be a part of our dynamic Summer Camp Series at Flanders Nature Center & Land Trust. Enjoy excitement and adventure exploring the great outdoors with campers ages 3-13, spend time with other enthusiastic teens, build your resume for college applications, earn community service hours, and have a summer experience you will never forget!

Our summer is a big success when young people like you become part of our teaching team. You'll work on your leadership, communication and critical thinking skills and become more confident making decisions, building relationships and working as a team with counselors and other CITs. Note this is a volunteer position. CITs become eligible for a paid position when they turn 16 prior to the start of summer camp that year.

### **How to become a Flanders Summer Camp Volunteer Counselor-in-training (CIT)!**

1. Applicants must be 14, 15 or 16 years old
2. Complete and either send or deliver the "CIT Application" to:  
Flanders Nature Center & Land Trust  
5 Church Hill Road  
Woodbury, CT 06798  
Or email it to [flanders@flandersnaturecenter.org](mailto:flanders@flandersnaturecenter.org)
3. Because you will be working with children, we ask for a letter of recommendation. Fill out the top part of the Recommendation Form and give it to the adult of your choice (not a parent, guardian, or relative) to complete. The adult will mail the recommendation form to Flanders. Suggested adults are teachers, employers, etc.
4. Once your complete application has been received, we will contact you to schedule an interview with you and a parent/ guardian.

Thank you in advance for helping create an experience for youth that lasts a lifetime!

Sincerely,  
Flanders Summer Camp Administrative Team



# Summer Volunteer Counselor in Training (CIT) Application Summer Series 2026

**PLEASE NOTE: Applicant must be ages 14 -16 years**

Date of Application: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade in Sept. 2026: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Weeks available (please circle all that apply):**

June 8 - 12

June 15 - 19

June 22 - 26

June 29 - July 3

July 6 - 10

July 13 - 17

July 20 - 24

July 27 - 31

August 3 - 7

August 10 - 14

August 17 - 21

August 24 - 28

Parent/ Guardian Name: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ (evening): \_\_\_\_\_

**Emergency Contact Information:**

Primary Contact: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Relationship to Intern: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Relationship to Intern: \_\_\_\_\_

I give my permission to Flanders Nature Center & Land Trust to take, use, publish, and reproduce photographs, slides or video of my child for publicity purposes. Parent or guardian's signature and consent to intern:

X \_\_\_\_\_



## Medical Consent Form

**\*Physical form from Doctor is required\***

### Summer Series 2026

Name of Teen: \_\_\_\_\_

This form must be completed by a parent/guardian in order for you to volunteer at Flanders.

Allergies: \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain \_\_\_\_\_

Special Needs: \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain \_\_\_\_\_

Emergency Medication: \_\_\_\_\_

Other Medical Issue: \_\_\_\_\_

Child's Doctor Name: \_\_\_\_\_ Number: \_\_\_\_\_

Child's Dentist Name: \_\_\_\_\_ Number: \_\_\_\_\_

Hospital Preferred & Insurance Info. \_\_\_\_\_

Prior to camp you MUST submit one of the following: A Health Assessment Record or the Youth Camp Health Exam / Record. Flanders does not administer any medication. Your child must be able to self-administer any medication and you must submit the following form: [http://www.ct.gov/oec/lib/oec/licensing/childcare/cdc\\_yc\\_adminmeds.pdf](http://www.ct.gov/oec/lib/oec/licensing/childcare/cdc_yc_adminmeds.pdf)

### RELEASES —

If parents(s) or legal guardian(s) cannot be reached in the event of an emergency, I hereby appoint the staff of Flanders to act in my/our behalf to administer first aid treatment and/or to authorize unexpected medical, dental or surgical care and hospitalization for my child, including but not limited to ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Flanders to arrange necessary related transportation. I give permission to the physician selected by Flanders to secure and administer treatment. This completed form may be photocopied for trips off site for emergency transportation only. I give permission for my child to participate in nature trail walks and related outdoor activities, as well as other Flanders Summer Series activities. \_\_\_\_\_ YES \_\_\_\_\_ NO

**I give Flanders my permission to take, use, publish, and reproduce photographs, slides or videos of my child for publicity purposes. \_\_\_\_\_ YES \_\_\_\_\_ NO**

\*\*Signature of parent or guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form will be kept confidential and will only be shared with Flanders Staff/representatives and medical personnel in the event of an emergency



**IMPORTANT:** Questionnaire must be filled out by applicant, not by parent/guardian.

1. Have you volunteered at Flanders in the past? YES / NO

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

2. Do you have any other volunteer experience? YES / NO

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

3. Why are you interested in Volunteering at Flanders?

\_\_\_\_\_  
\_\_\_\_\_

4. Are you available or interested in helping with our "Rooster Roll Call" (coming in at 8 AM - 9AM)?

\_\_\_\_\_  
\_\_\_\_\_

5. Do you have experience working with young kids (aged 3-13)? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

6. Do you have experience or interest working with farm animals? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Other skills/experience: (please explain)

\_\_\_\_\_  
\_\_\_\_\_

Clubs/activities: (include information about positions held)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_



## Summer Volunteer CIT Recommendation Form

Applicant,

Please fill out the top section and give this recommendation form to an adult who can honestly communicate your strengths and weaknesses. Examples are a teacher, an employer, or someone who has trusted you to care for their children. Parents, guardians, and relatives may not fill out this form.

Applicants Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in SEPT. 2026: \_\_\_\_\_

-----  
Trusted adult, please fill out the bottom section of this form, honestly describing the person named above. Mail or self-deliver this form to:

Flanders Nature Center & Land Trust  
5 Church Hill Road  
Woodbury, CT 06798

How do you know this applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Would you recommend this applicant to work with small groups of young children (ages 3-13) in the supervision of an adult? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns with this applicant handling responsibility well? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Please use this space to explain any additional information that you wish to about this applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name: \_\_\_\_\_

May we contact you with questions? \_\_\_\_\_ Phone: \_\_\_\_\_

### OFFICE USE ONLY

STAFF FOLLOW UP: NAME \_\_\_\_\_ DATE \_\_\_\_\_