

Application Form – Counselor in Training - Summer 2018

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

Applications due April 1, 2018

Please email completed applications to:

Summer Camps Coordinator, Malia Brandt, leck0012@umn.edu

Children's Garden Coordinator, Ian Williams iwilliam@umn.edu

OR

Mail completed applications to:

Minnesota Landscape Arboretum

Learning Center Attn: Counselor in Training

3675 Arboretum Drive

Chaska, MN 55318

Phone: 612-301-1210

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 of paper and turn it in with this application

1. Please explain why you want to be a CIT?
2. What knowledge, skills, or talents do you have that will make you a successful CIT?
3. Name some thing(s) you would like to learn about gardening or nature this summer?
4. Name some thing(s) you would like to do in the garden or day camps this summer and why?
5. Have you participated in Summer Camps or the 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 a CIT for the University of Minnesota Landscape Arboretum this summer. I grant my child, _____, permission to volunteer as a summer CIT for the program hours as they are scheduled. 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 also agree to sign the Arboretum's Participant Agreement and Release Waiver if my child is selected to be a CIT.

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 _____