



St. Johns County Board of County Commissioners

Parks & Recreation Department

About the Counselor in Training (CIT) Program

Do you like the outdoors? Have you ever wanted to be a day camp counselor? The Counselor-In-Training Program (CIT):

- An 8-week youth program for teens ages 13-16.
- Learn valuable job training and leadership skills
- Work side by side with Counselors of the Summer Camp Program.

General Description

The program runs in the summer Monday through Friday for ten hours. CIT applicants are not required to stay for the full ten hours but are required to stay for majority of the day. A mandatory training for all CIT applicants will be held Thursday, June 4, 2026 at the Solomon Calhoun Center from 8:00 a.m. - 12 p.m. At completion of this training, each CIT will be able to volunteer at their chosen Summer Camp location where he or she will receive one-on-one training and learn what it takes to become a day camp counselor.

The CIT Mission:

The St. Johns County Parks and Recreation Department, Counselor-In-Training program offers past campers educational and leadership experiences, preparing them to be the future leaders in our community. This program will teach our volunteers essential skills to be successful in a gratifying work environment.

The Cost:

The cost to participate in this program is a **\$50 program fee**. This activity fee allows the CIT to participate in all of the camp field trips, swimming events, and receive a shirt for the summer. **The program fee and application are due no later than April 30, 2026, all applications are first come first serve and must be able to work at minimum 6 full weeks of camp (only taking 4-6 CIT's per site).** You will be contacted if you are placed on a waiting list.

Dates:

The 2026 Summer Program will begin June 8, 2026 and will end July 24, 2026. All camps open at 7:30 a.m. and close at 5:30 p.m.



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Welcome To SJC Parks & Recreation Department!

You have been selected for the St. Johns County Parks and Recreation Department Counselor-In-Training program because of your positive attitude and personal skills. This summer you will participate in a special leadership program designed to prepare you to be a camp counselor.

As you make friends with other CITs, you will quickly realize you are part of a special team whose members share a common bond – fond memories of past camp experiences and the desire to give something back to tomorrow’s campers. We will do our very best to provide the necessary support and encouragement during your training experience.

This manual is designed to acquaint you with the procedures and policies of the CIT program. It also serves as a reference tool. You will be responsible for its contents. A hard copy will be available at camp. Should any material in this manual be unclear, direct your questions to the Lead Camp Counselor or the Youth Program Coordinator.

Counselor-In-Training Program

Purpose

The purpose of the CIT Program is to provide past campers opportunities to participate in leadership training designed to prepare them to be future counselors. Each CIT is assigned to a counselor and is expected to assist them with their daily list of activities.

CIT Rules

- CITs are older campers in a special leadership program.
- CITs are not allowed to leave the camp at any time unless accompanied by their parent or a Staff member.
- CITs may not discipline campers.
- CITs may not be alone with campers

Camp Dates & Times

Camp will run a total of eight (8) weeks beginning June 8, 2026 and ending on July 24, 2026. Camp opens at 7:30 a.m. and closes at 5:30 p.m.

Administrative Policies

Program Participation

CIT program participation is on a volunteer basis. We ask that you sign a commitment form that will outline the amount of hours you will be volunteering for on a daily and weekly basis.

Acceptance Requirements

Camp requires all CITs complete the commitment form and reference form provided. In addition, a program registration form is required. These forms should be mailed to the Recreation Department located at: **2175 Mizell Road, St. Augustine, Florida 32080 no later than April 30, 2026**. You may not participate in the program without these documents.



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Camp Policies

While the below policies are specific to CITs, they will also be held to the St. Johns County Parks and Recreation Department Employee Handbook.

Conduct Unbecoming of a CIT

Insubordination, gross misconduct, abusive actions toward other campers or CITs, neglect or absence from assigned responsibilities, inappropriate language or actions, damage or unauthorized use of camp facilities or property, theft, and violation of the law or camp rules will result in disciplinary action that may include dismissal from the program.

Alcohol, Illegal Drugs and Tobacco

Alcohol and illegal drugs may not be brought on camp property. Any violation of this rule will result in immediate dismissal from the program. Camp is a tobacco free environment. Tobacco products are not to be brought to camp.

Standards of Dress

A CIT's appearance affects camper perceptions, parent impressions, and camp's image.

- A CIT's appearance should be neat and properly groomed at all times
- Hair must be neat and clean and worn in a style conducive to camp's image. Men's facial hair must be kept neat and trimmed.
- Clothing worn must be tasteful and reflect the positive image of camp. Clothing which contains logos or inferences about alcohol, drugs, or messages of a violent or sexual nature is not allowed. Swimsuits may be stylish but not extreme. We highly recommend one piece swimsuits for female CITs and swimming trunks for male CITs. All CITs must wear shoes outdoors and jeans in activities where campers are required to wear the same.
- Other than earrings, no jewelry requiring body piercing will be visible at any time on camp property.
- Tattoos deemed inappropriate or distracting will be kept covered at all times.
- All decisions concerning appropriate standards of dress are at the discretion of the Lead Counselor at the site.

Personal Possessions

You are asked to not bring MP3 players, or any hand held games while at camp. Cell phones may only be used during scheduled off time and only where campers cannot see or hear. Personal vehicles must be parked in assigned areas. The vehicle and its contents are subject to all rules and policies of camp. Personal sporting equipment should be stored away from the campers. Pets are not permitted at camp. Camp assumes no responsibility for personal property lost, stolen, or destroyed.

Time On Camp

You may not leave camp at any time without being accompanied by a member of the staff. Friends and relatives are not permitted to visit during your scheduled work time.

Pranks

Malicious or destructive pranks will not be tolerated and will result in immediate dismissal from the CIT program.

County Provided Phones

All camp phones are for camp business only. Telephone numbers are listed in the camp manual. Personal cell phones may only be used during scheduled off time.

Gambling

Gambling is prohibited.

Snacks/Lunch

CITs should not share or purchase food for campers

Weapons

The possession of unauthorized weapons are prohibited on camp/County properties



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CIT Reference Form
(No family members please)

Name of CIT Applicant _____

Please rank the applicant on the following behavior:

| | Excellent | Very Good | Good | Poor |
|----------------|-----------|-----------|------|------|
| Judgment | | | | |
| Enthusiasm | | | | |
| Honesty | | | | |
| Initiative | | | | |
| Leadership | | | | |
| Dependability | | | | |
| Thoroughness | | | | |
| Patience | | | | |
| Health & Vigor | | | | |
| Team Player | | | | |

Would this applicant be a good role model for younger children? _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Additional Comments _____

Your Name _____

Address _____

Phone Number *(Please include area code)* _____

Please Mail to:
Ashley Brown
Facility Coordinator
SJC Recreation & Parks Department
2175 Mizell Road
St. Augustine, FL 32080-9157



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Counselor-In-Training Program Letter of Commitment

I, _____, agree to volunteer with the St. Johns County Parks and Recreation Department. I declare that I am able and willing to work for the time that I have committed to, within the execution period of June 8, 2026 to July 24, 2026. I understand that I am held to the same policies and procedures as counselors. I will give advanced notice on absences/tardiness to the lead counselor. In the case of unexpected absences/tardiness I will notify the lead counselor by telephone as early as possible. I understand that if continuous problems occur, whether tardiness, absences, or behavior, etc, I will be removed from the CIT program; therefore forfeiting all earned volunteer hours.

[Check the location you are interested in volunteering at:](#)

_____ Davis Park Field House: 210 Davis Park Road, Ponte Vedra

_____ Ketterlinus Gym: 60 Orange Street, St. Augustine

_____ Plantation Park: 3060 Racetrack Road, St. Johns

_____ Solomon Calhoun Center: 1300 Duval Street, St. Augustine

_____ Trout Creek: 6795 Collier Road, Mill Creek

[I pledge to work the following days and hours:](#)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

[I pledge to work a minimum of six \(6\) full weeks of camp:](#) _____

[Please list any known dates you will not be able to volunteer:](#) _____

By signing below, I am stating that I have read the guidelines and pledges and commit to abide by them.

Signature of CIT

Signature of Parent/Guardian

Date

Date



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CIT REGISTRATION FORM:

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Parent Cell: _____ CIT Cell: _____

Email: _____

Gender: _____ M _____ F D.O.B.: _____ Age: _____ Shirt Size: _____

In case of an emergency, and I cannot be reached please contact: _____

*Health/ Emergency Authorization

Please list all health concerns, allergies, limitations, or restrictions for your child: _____

In an emergency, if family physician cannot be reached, I hereby authorize the above named child to be treated by another physician. _____ (Initial)

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES ST. JOHNS COUNTY, their directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or their personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the above-named Participant, whether or not caused by the negligence and/or property of St. Johns County, their directors, officers, employees, agents, and independent contractors.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, DUE TO THE NEGLIGENCE OF St. Johns County, their directors, officers, employees, agents, and independent contractors or otherwise the pertaining to the above-named Participant being in, upon or about the premises of St. Johns County and/or while using the premises or facilities or equipment thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs and/or video of themselves and/or the above named Participant by St. Johns County during recreation classes or activities to be used at the County's reasonable discretion.
4. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.
5. I CERTIFY that I am a custodial parent or legal guardian of the above-named participant.

Parent/Guardian Signature

Date



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CIT Field Trip Permission Slip

Participants' Names: _____

Field Trip Locations: Daytona Lagoon, Movie Theaters, BraVoz

Parents/Guardians: Please make sure that you go over the camp rules with your child/children, so that you both understand them. FAILURE TO FOLLOW THE RULES WILL RESULT IN THE LEADERS OF THE SITE TO CONTACT YOU IN ORDER TO PICK UP YOUR CHILD.

Schedule Field Trips: Daytona Lagoon, Epic Movie Theaters, BraVoz

Each participant is responsible for the following rules:

1. I will be respectful to all the youth and adults attending this field trip.
2. I will respect the property of others.
3. I will strive to maintain a positive attitude and keep an open mind during this field trip.
4. In case of an emergency, I will contact an adult leader immediately to report the incident.
5. I will participate in the activities that are planned.

By signing below as the parent/guardian of the above child/children, permission is hereby given for my child/children to go on the field trips scheduled by the St. Johns County Parks & Recreation Department. I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify St. Johns County and/or St. Johns County School Board, its employees or any other person connected, for any costs arising out of my child's participation in the activities/field trips listed including the cost of any medical care given to my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course his or her participation in the field trips. Except for gross negligence on the part of the sponsor, the participant or parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the field trips listed above.

Printed Name Parent/Guardian _____
Date

Signature of Parent/Guardian _____
Contact Number

Emergency Contact Information

| | | |
|------|--------------|-----------------------|
| Name | Phone Number | Relationship to Child |
|------|--------------|-----------------------|

Every effort will be made to contact the parent/guardian; however, in case we are unable to reach you please provide the name of an additional emergency contact.