Information Update Counselor-In-Training 2020

(Minimum Age of 14, as required by State of Maryland)
Friends School acceptance decisions for this volunteer position are without regard to age, race, color, religion, gender, national origin, physical or mental disability, sexual orientation, or any other category protected by law.

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<tr>
<td>Street Address</td>
<td>City, State, Zip</td>
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<tr>
<td>Telephone Number</td>
<td>Email Address</td>
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<tr>
<td>Parent/Guardian Name</td>
<td>Parent/Guardian Telephone</td>
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<td>Parent/Guardian Email Address</td>
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Gender (optional):
- □ Male
- □ Female

T-shirt Size (if you have a preference):
- Small
- Medium
- Large
- XLarge
- XXLarge

- □ Yes
- □ No  Sibling Enrolled in Friends Summer Camp?

- □ Yes
- □ No  Have you ever attended Friends Summer Camp? If yes, when and what camp?

Education

<table>
<thead>
<tr>
<th>School Name and Address</th>
<th>Grade Completed as of June 2020</th>
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Miscellaneous

- □ Yes
- □ No  Have you ever worked (or volunteered) for Friends School of Baltimore or worked (or volunteered) on the campus of Friends School of Baltimore for another employer?

Friends School (FS) Affiliation

Please indicate all that apply to you:
- □ FS Student
- □ Child of FS Faculty/Staff
- □ Child of FS Alum

Certifications

Have you completed a Certified Baby Sitter Training Course?
- □ Yes
- □ No
Employment/Volunteer History Update

Since your 2019 Summer at Friends Counselor-in-Training Application:
Have you been employed in a paid position?  □ Yes  □ No
If so, does this paid position involve direct contact with minors? □ Yes  □ No

<table>
<thead>
<tr>
<th>Place of Employment/Volunteerism</th>
<th>Dates: From:</th>
<th>To:</th>
<th>May we contact?</th>
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<tr>
<th>Address</th>
<th>Supervisor Name:</th>
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<tr>
<th>Job Title</th>
<th>Supervisor email:</th>
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<th>Supervisor phone number:</th>
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<th>Brief Description of Work Performed:</th>
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Camps of Interest/Dates Available

**Camp(s) in which you would like to volunteer:** (Please check all camps of interest.)
Please refer to our website (www.fscamp.org) for information regarding our programs.

□ Kinder Camp (4-5 yrs old) Half Day 8:45 am-12:45 pm
□ Technology Camps (most camps are 2 week sessions, see website for dates)

□ Junior Camp (4-5 yrs old)
□ Creative Chefs (see website for dates)

□ Intermediate Camp (6-9 yrs old)
□ MakersCamp (see website for dates)

□ Sports Camp (7-12 yrs old)
□ Imagination Alive Camp (see website for dates)

□ Tennis (Half Day 1:00 pm-3:45 pm)
□ Dance Camp (see website for dates)

□ Visual Arts Camp (see website for dates)

**Weeks Available to Volunteer:**
Program requires a commitment of A MINIMUM OF TWO (2) CONSECUTIVE WEEKS. Please check all weeks available.

□ Week #1 – June 15 – June 19
□ Week #5 – July 13 – July 17

□ Week #2 –June 22 – June 26
□ Week #6 – July 20 – July 24

□ Week #3 – June 29 – July 2
□ Week #7 – July 27 – July 31

□ Week #4 – July 6 – July 10
□ Week #8 – August 3 – August 7
# Returning CIT’s Statement

**Please read the following and sign in the space provided below.**

I acknowledge that any offer of a counselor-in-training volunteer position to me by Friends School is contingent upon numerous things, including but not limited to the following:

**Accuracy and Omissions.** I certify that all information contained on this Form, and in any accompanying or other documents I submitted to Friends School, is true and complete. I understand that any false or misleading information or any misrepresentations or omission in my Form or any related documents, interviews, or other aspect of my information update process may result in my disqualification as a candidate for a counselor-in-training volunteer position or my immediate termination if I have been selected as a counselor-in-training volunteer by Friends School, as determined in the sole discretion of the School.

**References and Other Information.** I authorize and request Friends School to investigate the information provided in or related to this Form. I understand that such investigation may include, but is not limited to, contacting any of my former and/or current employers, educational institutions, and/or any persons or entities listed on this Form or in any document provided by me, to obtain information about me, including but not limited to my former and current employment and educational history, background, and suitability for volunteering at Friends School. I hereby release and hold harmless (a) Friends School, and it employees, agents, and trustees, and (b) each employer, educational institution, person and entity with which Friends School may communicate concerning me, and each of their employees, agents, trustees and sources of information, from any and all claims, liabilities, and damages arising out of or as a result of the request for, provision of, or use of such information; I further agree not to sue the said parties for any such claims, liabilities, or damages. I hereby permit Friends School, and its agents and employees, to show any such person or entity a copy of this Form and Acknowledgement. I understand that any offer of a counselor-in-training volunteer position may be rescinded or my counselor-in-training volunteer position terminated if my references are inadequate or unacceptable to Friends School as determined in the sole discretion of the School, or if I violate any of the provisions of this Acknowledgement and Authorization.

**Background Check:** I understand that any offers of a counselor-in-training volunteer position, and my continued volunteerism, are conditioned upon the satisfactory completion of a background check, including but not limited to a criminal records check and a motor vehicle check, as determined in the sole discretion of the School.

**At-Will Volunteer.** I agree that, if I am a counselor-in-training volunteer for Friends School, I will be an at-will volunteer except as expressly provided otherwise in a written agreement signed by the Head of Friends School or the Head's designee. Nothing in this Form, or interview process, or any counselor-in-training volunteer position by Friends School shall alter that at-will status or create an express or implied contract for volunteering or continued volunteerism.

**Policies and Procedures of the School.** If offered a counselor-in-training volunteer position by Friends School, I agree to abide by the policies and procedures of the School and acknowledge that these policies and procedures may be changed, interpreted, suspended, withdrawn, and/or added to by the School at any time, at the School’s sole option and without prior notice to me.

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Signature of Returning CIT  Date  Parent/Guardian Initials

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There is limited enrollment. You will be notified upon acceptance. If you were a CIT last year, acceptance this summer will depend on your evaluation from last summer, timeliness in submitting this application, your availability and the camp needs.
Returning CIT Release and Authorization Form

I have applied for a counselor-in-training volunteer position with Friends School of Baltimore. I have provided information about my employment, volunteerism and educational history and my background to Friends School. My signature below authorizes my former and current employers, educational institutions, and any other person or entity listed on my Application or any document that I provided to Friends School, to provide any and all information to Friends School about me, including but not limited to my former and current employment and educational history, background, and suitability for volunteering at Friends School. This Release and Authorization applies whether the information provided is positive or negative.

I hereby release and hold harmless (a) Friends School, and its employees, agents, and trustees, and (b) each employer, educational institution, person and entity with which Friends School communicates concerning me, and each of their employees, agents, trustees and sources of information, from any and all claims, liabilities, and damages arising out of or as a result of the request for, provision of, or use of the information described in the preceding paragraph; I further agree not to sue the said parties for any such claims, liabilities, or damages.

This form may be photocopied and reproduced as a facsimile and an email attachment, and these copies will be as effective as a waiver, release and covenant not to sue as the original which I did sign.

________________________________________
Signature

________________________________________
Print Name

________________________________________
Date

________________________________________
Date of Birth

________________________________________
Parent/Guardian Initials