



**Epping Recreation Department**  
**Volunteer Waiver Form**

Dear Parent/Guardian,

Your youth has reached out to the Epping Recreation Department in regard to volunteer opportunities. We gladly welcome all volunteers and provide a number of excellent ways for youth to get involved in the programs we offer. As a minor, a waiver is required in order for them to work with us. Your youth would like to take part in the following service/volunteer opportunity:

**Activity:**

Counselor in Training (CIT)

**Purpose:**

9<sup>th</sup>-10<sup>th</sup> Grade Leadership/Work Experience  
(May Consider Applicants Going into 8<sup>th</sup> Grade)

**Time:**

6 Days during Summer Camp

\*Must Attend Mandatory CIT Meeting in June TBD

Tuesdays and Fridays from 9:00am-4:30pm

Bring Lunch will get 30min Break

**Days Available: (Please Circle)**

Week 1 July 9<sup>th</sup> and 12<sup>th</sup>

Week 2 July 16<sup>th</sup> and 19<sup>th</sup>

Week 3 July 23<sup>rd</sup> and 26<sup>th</sup>

Week 4 July 30<sup>th</sup> and August 2<sup>nd</sup>

Week 5 August 6<sup>th</sup> and 9<sup>th</sup>

Week 6 August 13<sup>th</sup> and 16<sup>th</sup>

Below is a volunteer waiver that we require to be filled out and returned to the Epping Recreation Department prior to your youth's service with us.

If you have any questions, please do not hesitate to contact us at (603)-679-3006.

I, \_\_\_\_\_, give my child, \_\_\_\_\_

Permission to volunteer with the Epping Recreation Department on above stated days and times.

I understand that my child will be working directly with children in grades 1-4 with trained staff.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Applicants Require 2 Non Family References Please Attach**

## **Epping Recreation Department CIT Reference Form**

Name of Applicant:\_\_\_\_\_ Name of Reference:\_\_\_\_\_  
Reference Phone Number:\_\_\_\_\_ Email\_\_\_\_\_

Relationship to Applicant\_\_\_\_\_

Date\_\_\_\_\_

The above applicant has expressed interest in becoming a CIT at the Recreation Department, working with our summer camp program, grades 1-6. Thank you for providing us with information about the applicant to make sure this will be a good fit for our program and the applicant!

How long/ what capacity have you known the applicant?

Have you witnessed this person in a leadership position or has he/she demonstrated leadership abilities to you?

What is his/her strength?

What does this person need to improve on or learn?

Have you witnessed this person working with children? If so please explain observations.

How does this person handle responsibilities and meet expectations?

Is there anything else you would like us to know?

Reference Signature\_\_\_\_\_ Date:\_\_\_\_\_