



MANSFIELD PARKS & RECREATION DEPARTMENT
Six Park Row, Mansfield, MA 02048
(508) 851-6460
Fax (508) 261-1083
recreation@mansfieldma.com

TO: Prospective LIT's (Leader-in-Training)

FROM: Sherri Gurnon, Parks & Recreation Director
Mary Sellner, Parks & Recreation Assistant Director

DATE: March 2019

RE: 2019 Summer Camp LIT Position Requirements

Enclosed is the Leader-In-Training volunteer position application and job description for the 2019 Summer Camp program. If you are interested in applying to be an LIT, please fill out the registration form and return it to the Mansfield Park & Recreation Department, Six Park Row, by Friday, May 3 at noon. No Exceptions.

LIT's are campers learning how to become leaders at camp and in their community. Please read the job description and registration forms carefully. The minimum age for an LIT is 13.

This program is limited to ten (10) participants per four-week session for first and second year LIT's. The program is designed as a consecutive four-week program; LIT's register for Summer Camp LIT Session A (weeks 2-5) or Summer Camp LIT Session B (weeks 6-9).

LIT's are invited to extend their time at Summer Camp! An LIT may register for and attend additional non-consecutive weeks if space permits. Please inquire if interested. Summer Camp will be open for nine weeks this summer, June 24- August 23. Additional weeks will be reviewed once registration closes May 3.

LIT's will split their time working with campers ages 5-8 years. Participants will also work with a designated LIT counselor and their peer group on leadership and age appropriate activities while participating in all camp activities.

Should you have any questions, please e-mail us recreation@mansfieldma.com or call the Parks & Recreation office at 508.851.6458.

POSITION DESCRIPTION
TOWN OF MANSFIELD
Six Park Row, Mansfield, MA 02048
Park & Recreation Department
508-851-6458

POSITION TITLE: LEADER-IN-TRAINING (LIT)

The LIT Program is a leadership training program in conjunction with the Park & Recreation Department Summer Camp.

LIT Daily Schedule:

- One portion of the day will be spent working within their peer group under the direction of a Head Counselor and LIT counselor.
- The second part of the LIT's day will be spent assisting the camp counselors in either the 5/6 or the 7/8 camper groups. They may assist the counselors with preparation, planning and execution of a variety of camp activities, such as games, arts and crafts, dramatic play, sports, etc.
- The remainder of the day LITs will participate in regular camp activities both with their peer groups and with all age groups at camp.

LIT's will be working with campers between the ages of 5 and 8 years.

DUTIES AND RESPONSIBILITIES:

- Work with peer groups at regular in-camp activities.
- Work with LIT counselor and Head Counselor on leadership activities.
- Available to attend all four weeks of the session.
- Assist counselors with program setup and take down.
- Assist campers with programs and daily activities.
- Arrive at camp on time and check in for attendance.
- Notify the office in the event of an absence.

QUALIFICATIONS:

- Enjoy working with children ages 5 through 8 years.
- Willing to help others, to take time with each child, to listen to and care about the campers.
- Demonstrate awareness and sensitivity to the needs of the campers.
- Required to do some physical work.
- A knowledge and enjoyment of games, sports, arts & crafts and related camp activities.
- Ability to take directions, follow instructions, and work well with others.
- Provide a current immunization record.
- Attend the mandatory LIT/CIT staff training held on Wednesday, June 5, from 4-5pm.

MANSFIELD PARK & RECREATION DEPARTMENT

2019 Summer Camp Leader-in-Training Registration Form

Name _____ Age _____ Birth Date ____/____/____ Present Grade _____

Address _____
 # Street _____ Town/City _____ State _____ Zip Code _____ Phone # _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Names and phone numbers of adults to be contacted if parents cannot be reached & allowed to pick up your child from camp:

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

List any health, medical or emergency information that we need to know:

Physician's Name _____ Phone _____ Insurance Plan _____

Emergency Information/Medical Diagnoses: _____

Allergies: _____ Daily Medication: _____

First year: ____ Second year: ____ Session Preference: **Session A** (7/1-7/26) **Session B** (7/29-8/23)

Additional Weeks: **1 2 3 4 5 6 7 8 9**
 6/24 7/01 7/08 7/15 7/22 7/29 8/05 8/12 8/19

Pleased circle T-shirt size: **Youth** S(6 - 8) M(10 - 12) L(14 - 16) **Adult** S(34 - 36) M(38 - 40) L(42 - 44)

Campers receive one shirt included in their registration. Extra T-shirts at \$10.00 per shirt # _____

I understand that there are additional charges for some programs, i.e. field trips, barbecue, etc. Yes ____ No ____

I understand that it is my responsibility to transport my child to and from camp. Yes ____ No ____

I give my permission to have my child photographed for publicity and advertising purposes. Yes ____ No ____

I give my permission for my child to participate in walking field trips through down town Mansfield. Yes ____ No ____

My child has permission to participate in all regular recreation programs offered during summer camp. Yes ____ No ____

EXCEPTIONS: _____

I, the undersigned, will not hold the Town of Mansfield or any of its employees, volunteers, Director of Parks & Recreation, Recreation Commission, Camp Director or Counselors liable in the event of mishap, personal injury, damage or loss of property during the activities of summer camp.

Parent Signature _____ Date _____ E-Mail _____

LIT Signature _____ Date _____

OFFICE USE ONLY

Immunization records received and complete by June 1 Yes ____ No ____

Session attending: **Session A** (7/1 - 7/26) \$540.00 **Session B** (7/29 - 8/23) \$600.00

Additional Weeks: **1 2 3 4 5 6 7 8 9**
 6/24 7/01 7/08 7/15 7/23 7/29 8/05 8/12 8/19

Deposit: \$ _____ Receipt # _____ Balance: \$ _____ Date _____