



1410 Kilburn Avenue
Saskatoon, SK S7M 0J8
Phone: (306) 653-1694 Fax: (306) 652-8886
Direct Line: (306) 664-7203
campeasterseal@abilitiescouncil.sk.ca

RE: Camp Easter Seal
Counsellor-In-Training Program

Thank you for the interest in participating in the Counsellor-In-Training (CIT) Program at Camp Easter Seal this summer. Enclosed are the application and CIT reference form. Please note we require **two completed reference forms** to accompany the CIT application.

The first interviews are conducted in March of each year. Applicants will be contacted to schedule an interview. Successful applicants will be contacted by mail. Due to the large number of applicants, budget constraints allow us to respond only to successful applicants.

We understand that you may not necessarily have years of work experience; therefore we have designed the interview so that you can share with us any of your accomplishments.

If you have any questions regarding the application, please feel free to contact our office at the above phone numbers.

Manager
Camp Easter Seal



CAMP EASTER SEAL

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Camp Easter Seal

COUNSELLOR-IN-TRAINING APPLICATION

Name _____ Birth date _____

Address _____ Phone number _____

Email address _____ Period available _____

High school attending _____

Do you know anyone employed by this agency: yes no Who? _____

Hobbies & Interests _____

Why do you want to participate in this program?

Have you ever worked with people with physical or intellectual disabilities before?
 yes no If yes, when? _____

Miscellaneous comments, if any _____

Signature: _____ Date: _____

**CAMP EASTER SEAL
CIT REFERENCE FORM**



NAME: _____

The above person has applied for the Counsellor-In-Training (CIT) Program at CAMP EASTER SEAL for the coming summer. Camp Easter Seal is a residential summer camp for children and adults with physical and/or intellectual disabilities located on Manitou Beach, Watrous, SK. As you can understand, the staff of Camp Easter Seal must be special people – people who are emotionally mature enough to recognize their own strengths and weaknesses.

Bearing this in mind, we request that you evaluate the applicant in the areas indicated. References to weaknesses in a particular area are expected, as many can often accompany certain age groups. These in themselves will not cause an applicant to be rejected. All comments are held in strict confidence.

Applicants cannot be reviewed until all references are received; your early reply will facilitate our consideration of the applicant.

How long have you known the applicant? _____

In what capacity? _____

Please comment on the following:

His or her personality and character: _____

Skills and talents: _____

Leadership ability: _____

Relationships with teachers and adults: _____

Relationships with others his or her own age: _____

Relationships with younger children: _____

In your opinion, is there any reason why the applicant should not work with children?

Where does the applicant need improvement? _____

If you have previously employed the applicant, would you hire him or her again?

In your opinion, how would the applicant function living and working closely with people with physical disabilities?

Additional comments: _____

Signature of reference person: _____

Address: _____

Telephone: _____

Thank you for your assistance.

Please return completed form to: Camp Manager
Saskatchewan Abilities Council
1410 Kilburn Avenue
Saskatoon, SK S7M 0J8