



# COUNSELOR-IN-TRAINING (CIT) APPLICATION

Deadline: May 5, 2008

## PERSONAL INFORMATION

Name \_\_\_\_\_ Nickname (for name tag) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Are you at least 15 years old? Yes / No      T-Shirt Size (circle one)    Youth L    Adult M    Adult L    Adult XL  
Must be at least 15 years old to apply.

## EMERGENCY CONTACT

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ (other #) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ (other #) \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ (other #) \_\_\_\_\_

## EDUCATION

Name of High School \_\_\_\_\_ Location of High School \_\_\_\_\_

What grade are you currently enrolled in? \_\_\_\_\_ What subject do you like best in school? \_\_\_\_\_

Please list your extra-curricular activities \_\_\_\_\_

Please list a few of your interests or hobbies outside of school \_\_\_\_\_

Please list any awards or accomplishments \_\_\_\_\_

## AVAILABILITY

You are required to attend Training Week, June 2, 8:30am-3:30pm **and** also be available for a minimum of 4 Camp Weeks from 8:30am-3:30pm. Please check all weeks that you're available to volunteer as a CIT.

- Training Week: June 2–6, 2008
- Week 1: June 9–13, 2008
- Week 2: June 16–20, 2008
- Week 3: June 23–27, 2008
- Week 4: July 7–July 11, 2008
- Week 5: July 14–18, 2008
- Week 6: July 21–25, 2008
- Week 7: July 28–August 1, 2008
- Week 8: August 4–August 8, 2008

## VOLUNTEER QUESTIONS

Please attach an additional sheet for question 1.

1. Please write a paragraph to answer the following question, "I would be an excellent asset to Riverbanks Zoo & Garden Camp Staff because....."
2. Is your family a Riverbanks Society Member? Yes / No
3. Did you attend summer camp at Riverbanks? Yes / No      If yes, what year(s) did you attend? \_\_\_\_\_

## REFERENCES

One reference may be a parent or a relative.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

What is your affiliation with this reference? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

What is your affiliation with this reference? \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

What is your affiliation with this reference? \_\_\_\_\_

**Counselor-In-Training is a non-paid position (volunteer) with Riverbanks Zoo & Garden.**

## VOLUNTEER AGREEMENT

To insure that the level of Riverbanks operation with regard to public service, animal health care and internal operation will be of the highest order possible, I hereby agree to faithfully meet my volunteer obligations. In the event that personal conflicts prevent me from meeting my obligations, I will notify the Volunteer Coordinator as far in advance as possible.

I understand that the quality of the Riverbanks Zoo and Botanical Garden depends on the quality of its employees and its volunteers. I also understand that this quality is maintained through a system of performance evaluations. I agree to participate and cooperate with this evaluation system and to abide by the decisions of the Volunteer Coordinator with regard to the continuation of my service to Riverbanks.

## VOLUNTEER WAIVER

In consideration of the acceptance of my request to serve as a volunteer with Riverbanks Zoo and Garden, I do hereby for myself, my heirs, executors and assigns, waive, release and forever discharge the Riverbanks Park Commission and the Riverbanks Zoological Zoo Park and Botanical Garden and their respective Commissioners, officers, agents, representatives, successors and assigns (herein after referred to as "Releases") from any and all loss, liability, rights, claims and damages to person or property, whether or not such injury, loss or damage is caused by the negligent acts or omissions of the "Releases" which I may have or which may hereafter accrue to me against them, or any of them, from my said association with, or participation in and/or arising out of my traveling to, or returning from my volunteer activities with the Riverbanks Zoo and Garden.

I understand that a zoo contains wild animals and an effort is made so that they may live in a natural habitat. As a volunteer for Riverbanks Zoo and Garden, I recognize the fact that I assume risks when working with such wild animals.

I agree and consent to serve as a volunteer with Riverbanks Zoo and Garden and further agree that I am not to be regarded as an employee of the Riverbanks Park Commission or entitled to any benefits or status of employment.

I certify that the statements on this volunteer application are true and accurate. I understand that I will not be paid for my services as a volunteer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return application to: Volunteer Coordinator, Riverbanks Zoo & Garden  
P.O. Box 1060, Columbia, South Carolina 29202

803.779.8717 x1108 ● 803-253-6381 fax ● volunteers@riverbanks.org ● www.riverbanks.org

# DISCOVER THE ADVENTURE...VOLUNTEER