Program Outline

All CIT applicants should be interested in working with children and horses, possess maturity, flexibility, a strong work ethic and the ability to have fun.

The CIT program is an educational program, designed to guide participants towards being an effective camp counselor and/or staff member. It is not “working” at camp. CITs are still campers and abide by the same rules and restrictions as regular campers. Since this is a training program, CITs are not paid, nor is a job offer at the completion of the program a guarantee.

All applicants should have at least 80 hours of volunteer experience at DEFHR either through the standard volunteer program or Legacy camp.

There are limited spots for CITs at DEFHR, so it is important for applicants to take initiative and show their desire to join the program. Completing the application themselves, fully answering all questions, and returning it on-time are the first steps towards this goal. There is an interview component to the program for both the applicant and summer camp director to determine if the CIT program is the correct fit for the applicant.

CITs at DEFHR learn important skills such as group leadership, time management, coordination and running of activities, building soft skills, and horsemanship. The skills learned through a CIT program are transferable to other areas at school, extracurricular activities and future jobs. Skills learned and grown as a CIT may include:
- communication, leadership, critical thinking, organization, teaching, emotional intelligence, creativity, collaboration, group dynamics, goal setting, learn new skills
- communicating with children, dealing w/conflict, working as a team/be a good teammate

CITs are integral parts of the Legacy Summer Program at DEFHR. Some key parts of the role are:
- aid and assist in classes/activities as needed
- maintain heightened awareness of people and environment
- assist staff with supervision of campers
- participate enthusiastically in all activities, modeling and helping to engage campers
- promote positive attitude, teamwork and safety
- work to engage and include, but not befriend, campers
- maintain appropriate physical contact with campers
- communicate with staff to answer questions and concerns
- be on time

Time Commitment - We would prefer for CITs to commit to at least 2 weeks of the program, ideally consecutive (but not a requirement) and up to 9 weeks. Applicants for one week are still welcome to apply! All CITs must attend at least 3 afternoon trainings prior the start of the summer program.
## 2021 CIT Application Form

### Applicant’s Information

- **Name:** ________________
- **Birth Date:** __________________
- **Street:** ____________________________________________________________________
- **City:** ___________________________ **State:** __________ **Zip:** _______________
- **Home Phone:** ________________ **Work Phone:** ________________ **Cell:** ________________
- **Parent Email:** ________________________________________________________________

Please note majority of communication will be via email, including registration confirmation.

### Parent or Guardian Information (write SAME in address, if same as information above.)

- **Name:** ___________________________________ **Relationship** ______________________
- **Street:** ____________________________________________________________________
- **City:** ___________________________ **State:** __________ **Zip:** _______________
- **Home Phone:** ________________ **Work Phone:** ________________ **Cell:** ________________

### Alternate Authorized Pick-up Adult:

- **(full name)** ________________________________________________________________

**Relationship to applicant / family:** ____________________________

### T-Shirt Size

- [ ] Youth Large
- [ ] Adult Small
- [ ] Adult Medium
- [ ] Adult Large
- [ ] Adult XL

### Horse Experience

Has the applicant ever attended Legacy Camp at DEFHR?  
- [ ] Yes  
- [ ] No  
If yes, when: ____________

Please indicate level of riding?  
- [ ] Beginner
- [ ] Intermediate
- [ ] Advanced

### Session Dates

- **Training Sessions:** week of June 7th
- **Camp Program:**
  - June 14-18 – June 21-25 – June 28-July 2
  - July 12-16 – July 19-23 – July 26-30
  - August 2-6 – August 9-13 – August 16-20

- CIT Program is scheduled from 8:30am – 4/4:30pm.
  - CITs should arrive with the other campers between 8-8:30AM in order to properly prepare for the start of the day.
Camp ends at 4PM and campers are picked up by 4:30PM. CITs may stay until 5pm to assist in the barn (if they want to), but must be picked up by 5pm as there will no longer be supervision.

- Staff does not arrive before 8am and leaves promptly at 5:15pm; therefore it is critical you come between these times and not earlier or later.

- COVID-19 Best Practices are, and will be, implemented throughout the farm and summer program. These include, but are not limited to:
  - Minimize cross-contamination and/or contact:
    - CITs need to bring a lunch and water bottle. There will NOT be a refrigerator available. Please provide cold packs for lunch sacks.
    - No sharing of equipment, clothing or other supplies.
  - Maximum farm capacity:
    - CITs are included in the capacity limits at the farm.
    - All non-participants (parents, siblings) will need to remain in vehicles at all times, including drop off and pick up.
  - A signed COVID-19 Best Practices Form is required to attend. (This form will be sent to families prior to summer.)

Orientation:

All CITs are required to attend program training sessions prior to the start of the summer program. These sessions will include trainings on group management and expectations, among other important skills. Participants and parent/guardian also need to have attended a general volunteer orientation within the last 3 years.

Has CIT applicant attended DEFHR Volunteer Orientation within the last 3 years:  
☐ Yes  ☐ No

Have you (parent/guardian) attended DEFHR Volunteer Orientation within 3 years:  
☐ Yes  ☐ No

Orientation dates will be announced as summer approaches. Please indicate which day of the week you would prefer to attend:  
☐ Tuesday  ☐ Saturday

If you are not available to attend person, please email outreach@DEFHR.org for an online orientation, we recommend attending in-person if possible (TBD based on Covid-19 guidelines)

Session & Payment Information

Please check which session(s) your youth would like to participate. # of weeks requested: ______

If your chosen weeks are full, you will be contacted for alternate options. Participation is on a first come, first serve basis. Upon acceptance as a CIT, payment options will be arranged.

<table>
<thead>
<tr>
<th>Available Sessions</th>
<th># of weeks requested</th>
<th>Date Range</th>
<th>Time</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Week 1</td>
<td>June 14 - 18</td>
<td>8:00am – 4:30pm</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>☐ Week 2</td>
<td>June 21 – 25</td>
<td>8:00am – 4:30pm</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>☐ Week 3</td>
<td>June 28 – July 2</td>
<td>8:00am – 4:30pm</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>☐ Week 4</td>
<td>July 12 – 16</td>
<td>8:00am – 4:30pm</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>☐ Week 5</td>
<td>July 19 – 23</td>
<td>8:00am – 4:30pm</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>

No camp July 4th week
<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Time</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>Week 6</td>
<td>July 26 – 30</td>
<td>8:00am – 4:30pm</td>
<td>$100</td>
</tr>
<tr>
<td>Week 7</td>
<td>August 2 – 6</td>
<td>8:00am – 4:30pm</td>
<td>$100</td>
</tr>
<tr>
<td>Week 8</td>
<td>August 9 – 13</td>
<td>8:00am – 4:30pm</td>
<td>$100</td>
</tr>
<tr>
<td>Week 9</td>
<td>August 16 - 20</td>
<td>8:00am – 4:30pm</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Refund Policy:** If possible, we can move your child free of charge to another session so they can have the experience of our summer program at DEFHR. Cancellations made 2 weeks prior to the start of the session are not refundable. Full refunds for cancellations, made more than 2 weeks prior to start of session, will only be made if your child’s space can be filled from our waiting list. If your child’s space cannot be filled, cancellations made with more than 15 days until the session start date, will receive a 50% refund.

COVID related cancelations: If your child can not attend due to any COVID related reason, you will receive an ‘at-home’ activity pack (cancellations within 2 weeks of camp week are non-refundable.)

**DEFHR Educational Financial Assistance Program:**
The DEFHR Educational Financial Assistance Program provides full and partial financial assistance to children whose families do not have the financial ability to enroll their child in the Legacy Program this summer. Financial assistance awards are based solely on need. If you would like to contribute an additional amount to this program you may add it into your total.

- $10
- $25
- $50
- $100
- Other $__________

**DEFHR Legacy Shirts Order**
DEFHR is offering limited edition Legacy shirts for summer!

<table>
<thead>
<tr>
<th>Youth Sizes</th>
<th>Adult Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18.00</td>
<td>$22.00</td>
</tr>
<tr>
<td>Youth Medium</td>
<td>Adult Small</td>
</tr>
<tr>
<td>Youth Large</td>
<td>Adult Medium</td>
</tr>
<tr>
<td></td>
<td>Adult Large</td>
</tr>
<tr>
<td></td>
<td>Adult XL</td>
</tr>
</tbody>
</table>

- DEFHR CamelBak® 20oz Water Bottle - $22.00

**CIT APPLICANT NAME:** ______________________ Total # of Weeks @ $100: ___ = $ _______

Total Financial Assistance Donation: $ ______________
Total Extra Camp Shirt and/or Water Bottle: $ ____________
Total Payment (due when applicant is accepted into CIT program): $ ____________

DO NOT submit payment until an acceptance letter is received.

Please return your application to:
Days End Farm Horse Rescue / Attn: CIT APPLICATION
P.O. Box 309, Lisbon, MD 21765 or Fax to : 301-854-5146

Any Questions – outreach@defhr.org

Once we receive your registration and payment you will receive an email confirmation along with details regarding your child’s week.
Application Questions (required) Write answers below or return answers separately on another paper.

1) Why do you want to be a CIT at DEFHR?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2) What do you remember most about your time as a camper or a volunteer at DEFHR?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3) Describe an opportunity you have had to work with or play with children.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
4) How is being a CIT different from being a camper? How would you handle the differences?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

5) What are your expectations and goals for the CIT program?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

6) What type of activities would you be comfortable leading?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
CIT’s Health History

CIT’s Name: ____________________________________________________________

The following information is required:

1st Emergency Contact
Parent or Legal Guardian: ___________________________ Phone: ______________

2nd Emergency Contact
Other than Parent Above: ___________________________ Phone: ______________
Child’s Physician: ___________________________ Phone: ______________

Health Information

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? □ NO □ YES, Explain: ____________________________________________________________

__________________________________________________________________________

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your youth’s camp experience safe and positive? □ NO □ YES, Explain: ____________________________________________________________

__________________________________________________________________________

3. Is your youth current on immunizations? □ YES □ NO Date of last Tetanus: __________

4. List any medications your youth is taking: ______________________________________

__________________________________________________________________________

Immunization Information

For campers who reside within the United States, a United States territory, or the District of Columbia:
1. State/territory in which child resides:
   ____________________________________________________________

2. Is this child exempt from any immunizations? □ NO □ YES, List them:
   ____________________________________________________________

OR

For campers who reside outside the United States, a United States territory, or the District of Columbia:
1. Country in which child resides:
   ____________________________________________________________

2. Attach Department form DHMH-896 (record of vaccination or immunity)
   ____________________________________________________________

Parent or Legal Guardian’s Signature: ___________________________________________ Date: __________