



P.O. Box 486 Arroyo Seco, New Mexico 87514 575-770-2391 [www.fitaos.org](http://www.fitaos.org)

**PLEASE READ THIS PAGE AND KEEP IT AS IT CONTAINS INFORMATION YOU WILL NEED!  
PLEASE ONLY return the 3-page application you completed (trust me, you need this more than I do).**

**FIT JUNIOR COUNSELOR INFORMATION - All applications are due on or before APRIL 30<sup>th</sup>, 2021**

Junior Counselor positions are for **highly motivated** individuals ages 14 and up (past & present FIT campers) who want a paid position assisting in summer camps and will serve as exemplary role models for youth. Each Junior Counselor will work for three to six weeks with ages ranging from six through 16 years old. **Please understand that we will not be able to select as many Junior Counselors as usual in 2021 due to smaller group sizes due to COVID guidelines. All youth leaders must agree to comply with FIT'S COVID protocols at all times!**

Each applicant must complete the Junior Counselor Application (including parent signatures) and return it to: FIT P.O. Box 486 Arroyo Seco, NM 87514 or drop it by the FIT Base Camp office (9 D. Ben Romero Road, El Prado)

We receive many applications for these positions so it is a competitive process. **The more flexibility you have, the better your chances of being hired (and getting more hours). Please be sure to circle any & all dates that you are available** (for age groups younger than yourself only!) on the application before you send it in. **You must be at least two years older than the oldest camper** in sessions you wish to work. Please check the description on website for each session to see if you qualify before you circle that you are available. In most cases, it is also helpful if you have participated in that session (or a similar one) in the past.

Previous employment with FIT does not guarantee being hired each year. Please take some time with the application as it does matter. These are paid positions with pay to be determined. Your work schedule may change based on enrollment and we appreciate your flexibility. For high schoolers, **current participation in FIT programs increases your chances of being selected. Volunteering at FIT events is also encouraged.**

If selected, **you are required to attend a training session (with all other staff and CITs) on Sunday May 23<sup>rd</sup> from 9am-noon.** We will cover rules and expectations and share ideas and past experiences. This is for new AND returning CITs and JCs.

**All JC applications are must be received by APRIL 30<sup>th</sup>. No exceptions.**

**PLEASE MAKE SURE THAT YOU CAN COMMIT TO BEING PRESENT, ON TIME, ENERGETIC, AND ENTHUSIASTIC EACH DAY THAT YOU WORK, IF SELECTED. YOU NEED TO BE A ROLE MODEL.**

You will receive an evaluation and/or letter of reference upon completion of your internship, if you request one. **We look forward to having you part of our team. Thank you for your enthusiasm!**

Susie Fiore Executive Director

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**2021 FIT JUNIOR COUNSELOR APPLICATION**  
**Due on or before April 30<sup>th</sup>, 2021**

**ALL YOUTH LEADERS MUST AGREE  
TO COMPLY WITH FIT'S COVID  
PROTOCOLS AT ALL TIMES!**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Sex: M F

Applicant's Email: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

Are you in good health? Yes No  
If "no" please explain: \_\_\_\_\_

Do you have any allergies? Yes No  
If "yes" please describe: \_\_\_\_\_

Are you currently taking any medication? Yes No  
If "yes" please list medications: \_\_\_\_\_

**WHAT SIZE T-SHIRT?**  
(Please note unisex, women's, or youth sizing)

I will attend the training session on **Sunday May 23<sup>rd</sup>, 2021**.  
If not, please attach a note as to why not. This may impact the selection process.

1. Why do you want to be selected as a JC?
2. Do you have experience working with younger children? Please describe.
3. Give an example of your leadership and teamwork abilities.
4. How will you contribute to the success of FIT campers?

Please attach a page with your responses to these 4 questions. We expect thoughtful responses...

Parent or Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_  
(if we are unable to reach the parent)

Emergency contact phone number: \_\_\_\_\_

**A PARENT OR  
GUARDIAN MUST  
ALSO READ AND  
SIGN LIABILITY  
RELEASE ON  
PAGE 3**

\_\_\_\_\_  
applicant's signature

\_\_\_\_\_  
parent/guardian signature

Please take the time to complete this information accurately. With over 30 JC applicants in past years, your thoughtful and complete responses will make the selection process easier.

More flexibility and availability will increase your chances of working this summer.

**Please circle the number of weeks you ideally like to work:  
3, 4, or 5**

**Available Dates** ((please circle any and all weeks you are available)

<b>NATURE ADVENTURE MINI #1</b> (campers entering 1 <sup>st</sup> -4 <sup>th</sup> )	June 7-10	
<b>ADVANCED ADVENTURE</b> (campers entering 6 <sup>th</sup> -8 <sup>th</sup> )	June 7-10*	
<b>NATURE ADVENTURE #1</b> (campers entering 1 <sup>st</sup> -3 <sup>rd</sup> )	June 14-17	June 21-24
<b>TAOS MOUNTAIN BIKE 1</b> (campers age 9 and up)	June 14- 17	
<b>ADVANCED TAOS MOUNTAIN BIKE</b> (campers age 11 and up)	June 21-24	
<b>OUTDOOR EXPLORE*</b> (campers entering 4 <sup>th</sup> - 7 <sup>th</sup> )	June 28-July 1	July 5-July 8*
<b>BACKCOUNTRY EXPERIENCE</b> (campers entering 6 <sup>TH</sup> grade and up)	June 29-July 2*	
<b>OUTDOOR ADVENTURE</b> (campers entering 4 <sup>th</sup> - 7 <sup>th</sup> )	July 12-15	
<b>NATURE ADVENTURE #2</b> (campers entering 2 <sup>nd</sup> -4 <sup>th</sup> )	July 19-22	July 26-29
<b>TAOS MOUNTAIN BIKE 2</b> (campers age 9 and up)	August 2-6	
<b>ALPINE ADVENTURE</b> (campers entering 7 <sup>TH</sup> grade and up)	August 9-11	

**\*Weeks marked with a \* include an overnight camping trip**

You must be at LEAST two years older than the oldest camper in a Mountain Camp session to be considered as a JC. Please make sure you do not circle weeks that you are not old enough to work.

**If you are an experienced mountain biker and would like to be considered as a JC for...**

**After School MTB Club Tuesday/Thursday April 15 – May 4, check here:**

**After School MTB Club Monday/Wednesday May 17 – June 2 (ages 8-12), check here:**

**After School MTB Club Tuesday/Thursday May 18 – June 3 (ages 12+), check here:**

**Once you are offered dates to work, it is important that you are able to follow through on your commitment to work. Please make sure you can work before you accept the position. Thank you!**

\_\_\_\_\_  
applicant's signature

\_\_\_\_\_  
parent/guardian signature



**A PARENT MUST READ AND SIGN LIABILITY RELEASE ON THE NEXT PAGE!**

**COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT  
AND PHOTOGRAPHIC RELEASE**

In exchange for and in consideration of the Field Institute of Taos making its programs (hereinafter referred to as the "Programs") available to me and my Child, and Taos Ski Valley, Inc. making its facilities available, and recognizing that we may decline these services and choose not to participate in the programs, **THE UNDERSIGNED, FOR MY CHILD, MYSELF, AND ANY OTHER PARENT/GUARDIAN OF MY CHILD HEREBY REPRESENTS TO AND CONTRACTS AND AGREES WITH FIELD INSTITUTE OF TAOS** as follows:

I am a parent and/or guardian of the minor child identified below (herein referred to as "my Child"), I have authority to enter into this release and indemnity contract on behalf of my Child, on my own behalf and on behalf of any other parent or guardian of my Child, and I do so **FREELY, FULLY, AND WITHOUT RESERVATION.**

For myself and my Child, I agree and understand that outdoor activities including hiking, camping, bicycling, and riding chair lifts, contain **INHERENT RISKS** and may be **HAZARDOUS ACTIVITIES** and may result in injury or death to my child during his/her participation in the programs. Trail conditions and weather vary constantly. Further, I understand and agree that Taos Ski Valley, Inc. **DOES NOT PROVIDE**, promote, contribute to, subsidize, support, or sponsor **TRANSPORTATION** of any kind in connection with any Filed Institute of Taos programs, whether bus, van, automobile, or other vehicle.

**I ASSUME ALL RISKS** in connection with my Child's participation in such activities (including all transportation), including, but not limited to, personal injury or death, and **PROMISE NOT TO SUE AND COMPLETELY RELEASE** the Field Institute of Taos, their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "FIT") and Taos Ski Valley, Inc., their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "TSV") **FROM ALL LIABILITY** for any injuries, death, or damages and from any claim by me, any other parent or guardian of my Child, my Child, anyone on behalf of my Child and by my Child's estate, heirs, and assigns arising in any way from my Child's participation in the Programs.

**I AUTHORIZE** the FIT or TSV to call for medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of Field Institute of Taos, such medical attention is needed for my Child. **I AGREE TO PAY** all costs associated with medical care and transportation for my Child and indemnify and hold FIT and TSV harmless from any costs incurred therein, or any claims arising therefrom.

**I CONTRACTUALLY AGREE** that any and all disputes between FIT and/or TSV and me and any other parent/guardian of my Child relating to my child's participation in the Programs, and any and all claims for personal injury and/or death, will be **GOVERNED BY THE LAWS OF THE STATE OF NEW MEXICO** and the **EXCLUSIVE JURISDICTION THEREOF** will be in the state or federal courts of the **STATE OF NEW MEXICO.**

I grant FIT, the **ABSOLUTE RIGHT AND PERMISSION** to use, sell, and publish photographs of my Child.

I have carefully read the foregoing **COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT** and understand its contents, including the jurisdictional agreement. **I ACKNOWLEDGE AND UNDERSTAND** this is a **COMPLETE RELEASE AND INDEMNITY AGREEMENT**, that it includes any and all claims of my Child, me or any other parent/guardian of my Child for any reason, and is a **LEGALLY BINDING CONTRACT.**

**I AM AWARE THAT THIS LEGALLY BINDING CONTRACT WILL REMAIN IN FULL FORCE AND EFFECT FOR THE YEAR IN WHICH THE RELEASE WAS SIGNED AND THAT BY SIGNING IT I AM RELEASING RIGHTS OF MY CHILD, MYSELF, AND OTHERS.**

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*Minor Child (Print Name)*

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*Parent/Guardian (Print Name)*

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**Parent/Guardian Signature**

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**Date**