



P.O. Box 486 Arroyo Seco, New Mexico 87514 575-770-2391 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 COUNSELOR IN TRAINING INFORMATION - All applications are due on or before APRIL 1st, 2024

The Counselors In Training program is an internship for motivated past & present campers ages 10 and up who want to share their experience with younger campers, grow as leaders & assist the Lead Instructors.

All youth leaders must agree to comply with FIT'S Health and Safety Guidelines at all times.

NEW FOR 2024 NEW FOR 2024 NEW FOR 2024 NEW FOR 2024 NEW FOR 2024

Each **applicant** must complete 2 parts:

1. Complete and return the 2-page Counselor In Application (including parent signatures) 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)

AND

2. Select sessions you are available to work in 2024 via the [online Google Form](#)

YOUR APPLICATION IS NOT COMPLETE UNTIL WE HAVE RECEIVED THE APPLICATION AND THE GOOGLE FORM!

This program is very popular. We are not always able to accommodate all qualified applicants but we do our best.

Please be sure to mark any & all dates that you are available (for age groups *younger* than yourself only) on the application before you send it in. **THE MORE FLEXIBILITY YOU HAVE, THE BETTER YOUR CHANCES OF BEING SELECTED.** You **MUST** be **at least one year older than the oldest camper** in sessions that you wish to work.

Please check the description on website for each session to see if you qualify before you select anything. You also have a better chance of being selected if you are attending at least one session as a camper this summer. If selected, you will work 1-3 weeks, depending on availability & experience.

There is no cost to you but this is not a paid position either. If selected, **you are required to attend a training session (with all other staff, JCs, and CITs) on Sunday May 19th from 9am-2pm.** We will cover rules and expectations and share ideas and past experiences. This is for new AND returning CITs and JCs.

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 may request an evaluation and/or letter of reference upon completion of your internship.

Completed CIT applications are must be received by APRIL 1st. No exceptions. We will notify you of your schedule as soon as we can. Your work schedule may change based on enrollment and we appreciate your flexibility.

We look forward to having you part of our team. Thank you for your enthusiasm!

Susie Fiore - Executive Director

2024 FIT COUNSELOR IN TRAINING APPLICATION

Due on or before April 1st, 2024

**ALL YOUTH LEADERS MUST
AGREE TO COMPLY WITH FIT'S
HEALTH AND SAFETY
GUIDELINES!**

Name: _____

Mailing Address: _____

Age: _____ Birth Date: _____ School: _____

Applicant's Email: _____ Applicant's Phone: _____

Parent or Guardian's Name(s): _____

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)

Person to contact in case of emergency: _____

(if we are unable to reach the parent listed above)

Emergency contact phone number: _____

I will attend the training session on **Sunday May 19th, 2024.**

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 CIT?

2. Do you have experience working with younger children? Please describe.

3. Give an example of your leadership and teamwork abilities.

Please attach a page with your responses to these 3 questions, if needed.

**A PARENT OR
GUARDIAN
MUST ALSO
READ AND SIGN
LIABILITY
RELEASE ON
PAGE 2**

applicant's signature

parent/guardian signature

**FIELD INSTITUTE OF TAOS
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 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.

Minor Child (Print Name)

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date