



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 2-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 1<sup>st</sup>, 2024**

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

**NEW FOR 2024**

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Each **applicant** must complete 2 parts:

**1. Complete and return the 2-page Junior Counselor 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!**

We receive many applications for these positions so this is a competitive process. **The more flexibility you have, the better your chances of being hired (and getting more hours).** **PLEASE NOTE ON THE APPLICATION in the appropriate place IF YOU ARE APPLYING FOR FIT NEIGHBORHOOD and/or MOUNTAIN CAMP!** It IS possible to work in one or both camps. **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 indicating 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 based on experience. 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 19<sup>th</sup> from 9am-2pm.** We will cover rules and expectations and share ideas and past experiences. This is for new AND returning CITs and JCs.

**All JC applications (both parts) must be received by APRIL 1<sup>st</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 season, if you request one.

**Thank you for applying to be part of our team and thank you for your enthusiasm!**

Susie Fiore - Executive Director

**2024 FIT JUNIOR COUNSELOR APPLICATION**

**Due on or before April 1<sup>st</sup>, 2024**

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

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

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

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade in Fall 2024: \_\_\_\_\_ 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 19<sup>th</sup>, 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 JC?

2. Please describe your experience working with younger children?

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...

**UNDER 18? A  
PARENT OR  
GUARDIAN MUST  
READ AND SIGN  
THE 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.**

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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**