



3760 Ondessonk Road  
Ozark, IL 62972  
Phone: 618-695-2489  
Fax: 618-695-3593  
[www.ondessonk.com](http://www.ondessonk.com)

# CAMP ONDESSONK

*Celebrating 50 years of Camp Spirit!!*

Dear Ondessonk Camper,

We are pleased that you are interested in participating in Camp Ondessonk's Counselor in Training (CIT) program. As the name suggests, the CIT program's primary purpose is to prepare older campers for future employment as Ondessonk staff members. In addition to this, the program helps its participants develop valuable leadership and role-modeling skills that apply to life both inside and outside of camp.

Applicants to the CIT program must be 15 years-of-age by May 30, 2010. The purpose of the May 30 cut-off date is to assure that this year's CITs will be eligible for our Leader in Training (LIT) internship program during the summer of 2011 (LITs must be 16 by the same date). A CIT is technically a Camper, not a Staff Member, and will never be put alone in a supervisory role. However, a CIT is much more than a camper. If you are selected for the program, you will spend week 1 working under the direction of one of our Activity Coordinators. If all goes well and you are invited to stay for a second week, you will be assigned to work under the direction of one of our Unit Leaders. There is no fee for the second week of the program. If you are selected, our CIT Director will provide ongoing supervision, mentoring, and support during your entire stay.

Do you feel that you have the determination, leadership potential, and maturity to become a Camp Ondessonk CIT? In considering this, you should first ask yourself if you'd like to eventually be on our staff. If the answer is yes, please complete the enclosed application. If the answer is no or you are unsure, please consider coming to Ondessonk this summer as a camper. If you are simply looking for something a little different from our regular summer program, we'd love to have you as an adventure camper.

Your selection to participate in the CIT program depends heavily on the quality of your application and the strength of your references. Examples of acceptable references are teachers, work-supervisors, coaches, members of the clergy, and youth group leaders, among others. In most cases it is unacceptable to use someone that is related to you as a reference. We will be accepting a total of 72 individuals for the CIT program this summer and competition will be stiff.

If you are selected to participate in the CIT Program, you will receive a letter of confirmation informing you of the session that has been selected for you to attend and the area of study in which you will be enrolled.

If you have any questions about the application or program, please contact us at (618) 695-2489. More detailed information about the selection process is contained on the following pages. Of special note is the "CIT selection time-line" on the following page. Finally, **please do not call before April 15, 2010** to learn of your application status.

Hope to see you this summer!

Sincerely,

A handwritten signature in black ink that reads 'Evan R. Coulson'.

Evan R. Coulson  
Camping Services Director  
Camp Ondessonk  
[evan.coulson@ondessonk.com](mailto:evan.coulson@ondessonk.com)



# Camp Ondessonk

## Counselor –In-Training Program



Camp Ondessonk's CIT Program is designed to train 15 year olds to one day become great Ondessonk staff members. Our program has been very successful in the past and many individuals who complete the CIT program are eventually hired as Ondessonk staff members.

### General Program Information:

The first week of the CIT program consists of instruction in a chosen "major" (listed in the application) and an exam on that subject. **If a CIT performs well during the first week of the program, he/she will be invited to stay for the second week of the program free of charge.** Inclusion in the second week is not "automatic". If accepted for a second week\*, the CIT concentrates on learning or improving his/her camper supervision skills under the supervision of a Unit Leader. Because CITs are campers, they are never put in a supervisory role and never solely left in charge of participants. CITs with poor performance may be sent home at any point throughout the session.

\*CIT's in horsemanship split their second week between the barn and the unit.

### CIT Selection:

Please carefully complete the attached application and return it to Camp. Preference will be given to applicants who submit their application early.

### CIT SELECTION TIME-LINE

- No later than **March 15<sup>th</sup>, 2010**: CIT Applications will be reviewed and placements will begin.
- No later than **April 1<sup>st</sup>, 2010**: 1<sup>st</sup> round of placement letters will be mailed to applicants.
- **April 15<sup>th</sup>, 2010**: Applicants that have not been contacted by mail or phone may call Camp to learn of their acceptance status.
- **April 15<sup>th</sup>, 2010**: Application Deadline (Applications must be postmarked by this date, unless given advanced permission.)

Your selection as a CIT will depend heavily upon the quality of your application and the strength of your references. Examples of acceptable references are teachers, work-supervisors, coaches, members of the clergy, and youth group leaders, among others. In most cases it is unacceptable to use someone as a reference who is related to you. It is the responsibility of the CIT to ensure that reference forms are sent to Camp Ondessonk. Camp Ondessonk is not responsible for informing applicants of missing reference forms. CIT applications received after mid March will be considered if space in the program is still available. Please remember that this program has a history of filling quickly.

### Weekend Activities / Late Arrivals / Early Departures:

On the Saturday between weeks 1 and 2 of the program, CIT's will participate in special programming. Therefore, it is not appropriate to leave camp during this time. Late arrivals and early departures will not be allowed. If the CIT performs well, the CIT program is two weeks in duration. Please set aside two full weeks in order to participate, and ensure that you **BRING ENOUGH CLOTHING** for both weeks. **Laundry service will not be provided.**

### Things to Remember for your Major:

If you choose Horsemanship as a major, you will be in the barn during the day for much of the second week as well as the first week. If you are assigned to horsemanship, you will need extra jeans and sturdy boots with a heel. You will need extra shoes for Nature. An extra swimsuit is needed for Aquatics CITs.

### When do you know if you have been selected?

If you are selected to be in our CIT program you will receive a letter of confirmation informing you of the session you will be attending and your area of study (please see CIT selection time-line above). If you are not selected, you will be contacted by phone.



# CAMP ONDESSONK

50 years of Camp Spirit!

## 2010 COUNSELOR IN TRAINING APPLICATION

3760 Ondessonk Road, Ozark, IL 62972 / Phone: 618-695-2489, Fax: 618-695-3593, [www.ondessonk.com](http://www.ondessonk.com)



### Office Use Only

Session: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Group: \_\_\_\_\_  
Major: \_\_\_\_\_

Name _____	Date of Birth _____
School & City _____	Grade Completed _____
Parent/Guardian _____	
Street Address _____	
City _____	State _____ Zip _____
Home Phone _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Dad Cell # _____	Mom Cell #: _____
Parent Driver License #: _____	T-shirt Size: _____
Parent Driver License #: _____	YM YL S M L _____
Alternate Driver License #: _____	XL XXL _____
Emergency Name & #: _____	Who was your Ambassador Host? _____
Lodge Member: Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous Yrs. at Ondessonk: 0 1 2 3 4 5 6 7 8 9 (circle one)
E-mail address: _____	Do you check your email often? _____

### SESSION PREFERENCE: (All CIT sessions are 2 weeks long. Please indicate your first and second choices.)

CIT-1 (Coed) 6/6 to 6/19     
  CIT-2 (Coed) 6/13 to 6/26     
  CIT-3 (GIRLS) 7/11 to 7/24     
  CIT-4 (COED) 7/25 to 8/7

### AREA OF INTEREST (MAJOR): (Please rank your first, second, and third choices with a 1, 2, or 3.)

____ Archery	____ Council (Spiritual Development)	____ Horsemanship	____ Riflery
____ Aquatics	____ Handicrafts	____ Nature	

### SUMMER CAMPING EXPERIENCE: (List most recent experience first.)

Camp Name / Location: \_\_\_\_\_ # of years as a camper: \_\_\_\_\_  
 Camp Name / Location: \_\_\_\_\_ # of years as a camper: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY. IF YOU NEED MORE SPACE, YOU MAY ATTACH AN EXTRA SHEET OF PAPER.

1) What do you hope to gain from participation in the Camp Ondessonk CIT Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Is there someone in your life that you look up to or admire? If so, why do you admire that person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Do you feel that you are, or could someday become, the sort of person admired by campers for "the right reasons"? If so, what are the "the right reasons"?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Parent Approval & Waiver of Claim:

I hereby approve this application for my child to be a C.I.T. at Camp Ondessonk. In consideration of the benefits to be derived and the type of work to be done, I expressly waive any and all claims against the Catholic diocese of Belleville, Camp Ondessonk, the Department of Outdoor Ministry, or its representatives, or officers on account of injury, accident, sickness to the above mentioned or his/her property in connection with any incident related to the camp.

I hereby release to Camp Ondessonk and/or the American Camp Association the right's of my child's photograph, image, likeness and/or voice as recorded on video tape or film for the purpose of promotion, videos, yearbooks, website or publications. I hereby release any and all claims against Camp Ondessonk, Catholic Diocese of Belleville, its representatives, or officers arising in connection with the usage of my child's photo, likeness and/or voice. I acknowledge that this release is formal and final and understand that Camp Ondessonk, Catholic Diocese of Belleville, may proceed in reliance thereon. The undersigned in this release desires to assist in the work of Camp Ondessonk, Catholic Diocese of Belleville, by making their child's image likeness or voice available.

In order for campers to participate in horseback riding programs at Camp Ondessonk, a parent or guardian is required to complete and sign this release. Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risk of engaging in and the legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities. For value received, the receipt of which is hereby acknowledge, I, on behalf of myself and my minor child/ward, \_\_\_\_\_ hereby release, indemnify and hold harmless, Camp Ondessonk, Diocese of Belleville, Department of Outdoor Ministry and their employees, clergy, volunteers, officers, board members and/or agents from and against any and all claims, losses, suits, damages, or costs (including attorney fees) arising out of, resulting from or relating to my minor child/ward's participation in equine activities, including but not limited to horseback riding in or around the premises operated by Camp Ondessonk. I acknowledge and understand that participation in equine activities involve inherent risks, including but not limited to (1) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (2) the inability to predict an equine's reaction to sound, movement, objects, persons, or animals; and (3) the hazards of surface or subsurface conditions. Notwithstanding this knowledge and awareness, I assume all risks of my minor child/ward's participation in equine activities and legal responsibility for injury, loss, or damage to person or property resulting from the risk of such activities.

I, as a parent/guardian of a participant, understand my child will be participating in activities that involve periods of physical exertion, balancing, heights (up to 80 feet), lifting, pushing, pulling and climbing. I know most activities will be outdoors where my child will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possible exposure to extreme or inclement weather. I acknowledge that my child must be at least 10 years of age to participate in the challenge course program. I fully understand that this physical activity involves risk of injury. I understand the risks may include loss or damage to personal property. I understand that my child will not be forced to do any activity and that despite all reasonable precaution taken, a guarantee of absolute safety is impossible. My child agrees to exercise good personal judgment and to ask for help if my child is concerned about personal safety and to be responsible for deciding if a proposed activity is appropriate for him/her. My child agrees to inform the instructors of any physical, mental or medical condition that might affect his/her ability to participate or affect other members of my group. My child also realizes that failure to tell that information could result in serious harm to him/her or others. I also state that my child is not under and will not be under the influence of any chemical substance including alcohol. My child agrees to comply with safety instructions given and to be responsible for his/her own personal safety and well being. I agree to hold Camp Ondessonk, its Directors, Officers, Employees, Agents and/or Associates harmless for any accidents, injury, loss of or damage to property that may occur on this problem. I understand that all possible precautions are taken to insure that all programs and activities sponsored by Camp Ondessonk are conducted by mature and qualified personnel in a safe and responsible manner. I understand that Camp Ondessonk in the challenge course program will provide a minimum staff/participant ratio of 1:14 will be provided. I voluntarily assume the risks of the activities and my child agrees to report any injuries before leaving the premises. In the event of an emergency, I understand every attempt will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I give permission to Camp Ondessonk to secure proper medical treatment. I understand that any medical expense not covered by Camp Ondessonk medical insurance will be billed directly to me or to my insurance company. I have read and understand all materials outlining the Challenge Course, including this waiver and agree to abide by these terms. I am aware this is a waiver and a release of liability and I sign it voluntarily. I further acknowledge that (1) I am the parent/guardian of the minor child/ward identified above; (2) I have read this release in its entirety; (3) I fully understand and accept its terms; (4) I have executed this release voluntarily; (5) I understand the balance is due four weeks prior to the date of camper arrival, should the camp need to litigate in cases involving any unpaid fees I will be responsible for the camp's legal expenses including any NSF fees. I hereby approve this application for child to attend Camp Ondessonk and in consideration of the benefits to be derived expressly waive, any and all claims against the Catholic Diocese of Belleville, Camp Ondessonk, the Department of Outdoor Ministry, or its representatives on account of accident or sickness that may be incurred to the above mentioned child or his or her property in connection with an incident during this camp's activities.

Parent/Guardian Printed Name \_\_\_\_\_

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

CIT Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **CIT Behavior Agreement: The following section must be completed by the child being registered.**

I understand that my behavior will be monitored by the staff of Camp Ondessonk. Inappropriate behavior for the camp setting will not be permitted. Camp Ondessonk has two major rules. The first is SAFETY. The second is COURTESY. Specific rules and policies are similar to those used in schools. CIT's are given more complete information about this subject upon arrival.

SAFETY: Ondessonk campers are to avoid situations in which their safety or the safety of others is at risk.

COURTESY: Ondessonk campers must be courteous to all of God's creatures; this includes people, plants and animals.

Your signature indicates that you understand Camp Ondessonk's behavior expectations. By signing here, you agree to follow the rules of safety and courtesy.

CIT's printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Registration Information:

Why 3 prices? Realizing that we serve a wide variety of families with varying abilities to pay, we've adopted a voluntary 3-tier pricing program. Please review the descriptions below, and decide which of the three prices your family is able and willing to pay for your CIT's Camp experience. This is strictly an honor system; select the fee you feel is appropriate by checking the box next to the fee. **This program is voluntary, and in no way influences the experience CIT's receive.** Additional financial assistance is available. Contact the Camp registrar for more information.

## **Rate A: \$575.00**

Based on the actual cost of Camp for a CIT to participate. Includes expenses for staff, maintenance, food, programs, supplies, wear/tear and depreciation.

## **Rate B: \$525.00**

This is our partially subsidized rate for those who can pay a little more but still can't afford the actual cost of Camp.

## **Rate C: \$475.00**

This is our standard subsidized fee. No increase has been made over the Summer 2009 fee.

***Please mail this application along with a \$150.00 deposit fee.*** The remaining balance of \$325.00, or more should you choose one of the un-subsidized pricing options, is to be paid no less than 4 weeks prior to the date of arrival. **Any unpaid balance may result in the loss of the participant's place in the CIT program.** The CIT fee includes all materials, lodging, medical facilities, meals, books, and for those qualifying at the end of their first week, an additional week's stay at Camp Ondessonk. ***There will be no refund of money if CIT does not stay for the entire two week session.***

CIT applications will be reviewed as they arrive at Camp Ondessonk. The selection process will begin during the second week of March. The first round of confirmation letters will be sent during the first week of April. Applicants not chosen for the program will receive full refund of registration fees, or they may transfer the funds towards application of a camper fee. Early registration does not guarantee a place in the CIT program, but applications received prior to the first week of March will be given priority over applications received after the initial review period has been completed.

**Address the envelope to:**

**Camp Ondessonk CIT Registration  
3760 Ondessonk Rd.  
Ozark, IL 62972**



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## COUNSELOR IN TRAINING REFERENCE FORM

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 Phone: 618-695-2489  
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 www.ondessonk.com

Applicant Name:	Phone:
Street Address:	Date:
City, State, Zip:	Email:

### APPLICANT RELEASE

I have applied for Camp Ondessonk's Counselor in Training (CIT) Program. I hereby authorize you to release to the above named Camp any information that is available concerning my employment, education, and/or known character. I likewise release you from any liability for damages arising from the information furnished to the requesting party.

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

The individual named above has applied to participate in Camp Ondessonk's CIT Program. Camp Ondessonk is a Catholic Youth Camp in the Shawnee National Forest. Camp Ondessonk is a year-round ministry which encourages participants to learn more about themselves, others, nature, and God through recreational experiences in the outdoors. The applicant has signed this release above allowing us to contact you for information. Please complete the brief form that follows and return it by fax or mail. Thank you.

**In what capacity and how long have you known the applicant?**

**Please list some of this applicant's qualities.**

**Would you place this individual in a position of trust with young people?**

**If the applicant was an employee, is she/he eligible for rehire? \_\_\_\_\_ If no, please explain:**

**Please use this section to make any general comments about the applicant that might aid us in the selection process:**

**Please rate the applicant using the following ratings. Explain the rating if necessary: 1 = poor / 2 = fair / 3 = good / 4 = great / 5 = excellent**

**Dependability / Honesty:** 1 2 3 4 5 ; Comments: \_\_\_\_\_

**Maturity / Leadership:** 1 2 3 4 5 ; Comments: \_\_\_\_\_

**Cooperation / Motivation:** 1 2 3 4 5 ; Comments: \_\_\_\_\_

**Printed Name of Evaluator:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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*Awaken Your Spirit!*

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**Relationship to Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_