



147 Neringa Road, Brattleboro, VT 05301; Summer tel.: 802-254-9819; Office tel.: 978-582-5592; www.neringa.org

VOLUNTEER COUNSELOR IN TRAINING AGREEMENT

PARENT STATEMENT

I, _____ hereby grant permission to my child _____ to participate in the Camp Neringa, Inc. volunteer counselor in training program. I understand that my child will be responsible for her/his own safety and behavior while at Neringa and that they must uphold the Personnel Policies and Counselor Guidelines and Responsibilities of Camp Neringa, Inc.

Date _____ Signature _____

CIT Parental/Guardian Permission Slip

I, _____, parent or guardian of, _____ give permission for, _____, to leave camp for their scheduled afternoon time-off.

I understand that _____ will be dropped off in downtown Brattleboro, VT or driven by another counselor for their scheduled afternoon time-off.

I, _____, parent or guardian of, _____ do not give permission for, _____, to leave camp for their scheduled afternoon time-off.

Please Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

COUNSELOR IN TRAINING STATEMENT

I, _____ have read, fully understand, and intend to uphold the mission, Personnel Policies, and Counselor Guidelines and Responsibilities of Camp Neringa, Inc. and my job description.

Date _____ Signature _____