

STAGE DOOR CONSERVATORY
Counselor-in-Training (CIT)/BACKSTAGE Program Agreement

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Grade in Fall: _____ Age: _____

I understand the goals of the CIT/Backstage program as noted below.

Please initial: _____

Goals:

- To help assure health/safety of campers
- To make the experience enjoyable for campers
- To help with activities
- To learn what it is like to be a counselor
- To be a role model for campers

I meet the qualifications of a CIT/Backstage apprentice as noted below.

Please initial: _____

Qualifications:

- An interest in developing knowledge and skills related to specific theater activities
- An interest in developing leadership skills
- Willingness to follow directions
- A positive attitude about working with children
- An enthusiastic attitude about theater and camp life
- The ability to work as a team member
- Previous experience as a camper preferred

I understand that as a CIT/Backstage Apprentice I will have the following responsibilities.

Please initial: _____

- To follow all camper and staff rules and regulations.
- To attend between the dates of:
- To set a good example to all campers.
- To attend pre-camp meeting.
- To attend post-camp evaluation.
- To participate fully in assigned activities.
- To remain on the premises of the camp unless approval from a supervisor is obtained.
- To participate in distribution of snacks.
- To participate actively in the CIT/Backstage program.
- To notify staff of unsafe or unhealthy behaviors of the campers.

AGREEMENT

I _____ will assist in accordance with the responsibilities outlined. I will follow the policies and procedures of the CIT/Backstage program and of Stage Door Conservatory. I have my parents' (or guardians') permission to attend Stage Door Conservatory as a CIT/Backstage apprentice. I understand that I have been assigned to assist with the area of _____ (i.e., camp assistant, direction, costuming, choreography, set design, stage management, theater production, etc.)

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____