Therapeutic Recreation Mentoring Application

Application Procedure:
1. Fill out the Mentoring Application
2. Return by **April 10, 2020 at 4pm**
3. New applicants will be contacted for a brief interview and overview of responsibilities
4. Returning mentoring need to contact bcostello@cheshirect.org to confirm
   a. If they are allowed to volunteer again
   b. Provide the exact week they are able to volunteer

What does a TR Mentor do:
TR mentors support campers with special need to participate as fully as possible in camp activities. They motivate, assist, and play alongside the campers. Mentors aid campers in simple ways such as organizing lunch, initiating games, playing in the pool with them, keeping an eye on campers on the playground, etc. They will always have staff in the area to support them. Mentors must be comfortable speaking to adults and asking for their help/support. A statement of hours volunteered will be emailed early Sept.

Requirements: A mentor must:

- Be available to volunteer one full week 11:45a-3:30pm for the assigned week
- Enjoy being outdoors and working with children
- Entering grade 8 or up in the fall
- Be a positive role model, have positive attitude, and enthusiastic
- Be able to give direction to campers in a constructive manner
- Be able to take directions
- Be able to take constructive criticism without getting offended
- Be able to swim in 4’ of water
- Be able to work with adult staff members in addition to the children

Dismissal:
The Parks and Recreation Department’s staff reserves the right to contact a Mentor’s parent/guardian and to release any mentor who does not fulfill their contract obligations and/or behaves in an inappropriate manner. Mentors who do not exhibit the above skills, act inappropriately, or unsafe while at camp will be asked not to return.

Please return forms to:
Barbara Costello, TRS
Cheshire Parks and Recreation
559 South Main St., CT 06410
bcostello@cheshirect.org or 203 887 0534
Cheshire Parks and Recreation-Therapeutic Recreation Mentoring Application
for Summer 2020

Name: ___________________________________    Grade entering in the Fall: _______    Gender: _____

Address: ____________________________________________________________________________

Home Phone: _____________________________                   Your Cell Phone: ________________

T-shirt Size:         S       M       L       XL       XXL    email: ___________________________

Are you a returning mentor?    Y       N

Help me get to know you:

Have you had any experiences with people with special needs?     N       Y (if yes, please describe)

____________________________________________________________________________________

Please explain why you’re interested in volunteering at TR Camp: _________________________________________________________

____________________________________________________________________________________

Do you know what career you’re interested in, if so what would that be and why?

____________________________________________________________________________________

____________________________________________________________________________________

What strengths would you bring to camp?

____________________________________________________________________________________

What are some of your hobbies?

____________________________________________________________________________________

What is one thing you tried new this year and did you like it?

____________________________________________________________________________________

____________________________________________________________________________________

Please list any other camps you attended:

____________________________________________________________________________________

If yes, what was the best and worst thing about camp?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Which week would you like to volunteer?

___ 6/29-7/3 11:45-3:30pm    ___ 7/20-24  11:45-3:30pm

___ 7/6-10  11:45-3:30pm           ___ 7/27-7/31  11:45-3:30pm

___ 7/13-17  11:45-3:30pm           ___ 8/3-7  11:45-3:30pm

By signing the below and submitting this application, I certify that I have completed this application myself, answering the questions in my own words and that all the information is true.

Applicants Signature: ___________________________    Date: ____________