



# 2025 NORFOLK RECREATION L.I.T. APPLICATION

**PLEASE USE ONE FORM PER PERSON**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent Cell Phone #: \_\_\_\_\_

Best Household E-Mail To Convey Information To: Person's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Grade in Fall 2025: \_\_\_\_\_ School: \_\_\_\_\_

**Weeks you wish to attend (check all that apply): \*\*\*Cost will be \$65 per week\*\*\***

- Week 1: 6/23-6/26     Week 2: 6/30-7/3     Week 3: 7/7-7/10     Week 4: 7/14-7/17  
 Week 5: 7/21-7/24     Week 6: 7/28-7/31     Week 7: 8/4-8/7

**\*\*\*DEPENDING UPON THE NUMBER OF L.I.T.'S ACCEPTED INTO THE PROGRAM YOU MAY NOT BE OFFERED ALL OF YOUR REQUESTED WEEKS IN ORDER TO ACCOMMODATE EVERYONE\*\*\***

**L.I.T. APPLICANTS, PLEASE COMPLETE THE INCLUDED QUESTIONNAIRE AND REFERENCES PAGE AND SUBMIT ALONG WITH THIS FORM WHEN APPLYING.**

**FOR PARENTS:**

I, \_\_\_\_\_ agree on behalf of myself and/or my minor child, and hereby release and hold harmless the Town of Norfolk, Norfolk Public Schools, King Philip Regional Schools, and all their officers, employees, contract employees, volunteers, organizations providing programs, and agents from any claims, causes of action or liability arising or relating in any way to any injuries or illnesses including, without limitation COVID-19, that I or my child might sustain/contract from my or my child's participation in Norfolk Recreation activities including such claims or causes of action that I/he/she may now have or thereafter acquire (either independently or as a parent of said child) or that my child may have or hereafter may acquire. **I also understand that this is just an application and that submitting it does not guarantee in any way a space in the program or employment at a future time. Final decisions will be made after interviews and I/we will be notified in a timely manner.**

I have read the Release and am legally competent to sign this Release as the parent or legal guardian of the participant.

PARENT SIGNATURE: X \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATIONS ARE DUE INTO THE REC OFFICE BY THURSDAY, APRIL 17<sup>TH</sup>.  
INTERVIEWS WILL BE AFTER APRIL SCHOOL VACATION.**

# **APPLICANT QUESTIONNAIRE**

- 1) Why are you interested in participating in the Norfolk Rec L.I.T. Program?
  
- 2) Did you ever attend the Norfolk Rec Outdoor Program as a child?
  - If so, what were your favorite experiences from the program?
  
  - What did you like the least?
  
- 3) What other summer camps or programs have you attended in the past?
  
- 4) Have you participated in the Norfolk Rec or any other L.I.T./C.I.T. program in the past? If yes but not through Norfolk Rec, where and when?
  
- 5) Do you have any experience working with children (paid or volunteer)? If so in what capacity?
  
- 6) Have you ever done any type of volunteer work (not just working with children)? If so, what and when?
  
- 7) What qualities do you think make up the perfect counselor?
  
- 8) List three (3) qualities about yourself that you think make you a good candidate to be a L.I.T.
  
- 9) What would do to make the Outdoor Program a great experience for the kids in the program this summer?
  
- 10) What are three (3) of your hobbies or talents?
  
- 11) Who is your hero and why?
  
- 12) Is there anything else you would like us to know about you that would help us to make the decision on whether or not to accept you into the L.I.T. Program this summer?

# **REFERENCES PAGE**

Please provide us with the names and contact information for three (3) references (not related or living with you) that we may contact on your behalf.

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

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

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

In what capacity do you know this person: \_\_\_\_\_

\_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

In what capacity do you know this person: \_\_\_\_\_

\_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

In what capacity do you know this person: \_\_\_\_\_

\_\_\_\_\_