



**Choose an item.**

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**CITY MANAGER**

Rick Walk

3/4/2026

Dear Applicants for the Counselor-In-Training Program:

The City of Lacey Parks & Recreation Department would like to invite you to complete the application process for our Counselor-In-Training Program. Included in this packet are the application and schedule of the proposed program.

The number of requests for admittance into the Counselor-In-Training Program has grown dramatically over the past twenty years. This growth has made it increasingly difficult to maintain the quality of the program and to accommodate all applicants. Policy changes for admittance into this program were made so that we can offer a program to those individuals showing a strong interest and commitment to the program while maintaining high standards.

Application and selection process (DO NOT send the program fee at this time!):

- Return complete application and background check to Lacey Parks and Recreation  
420 College St, Lacey, WA, 98503 or email to [cody.lee@cityoflacey.org](mailto:cody.lee@cityoflacey.org)
- Application Closing Date: Friday, April 17 at 5:00 pm.
- Interviews (if selected) will be scheduled April 28 and 29
- Closing date is firm. Applications will not be considered after April 17

This is a formal application process and as such applicants should handle the entire process just as if they were applying for a position in the workforce. Although several CITs have obtained employment when of age, completion of the program does NOT guarantee employment. If you have any questions, contact Cody Lee at 360-491-0857, [cody.lee@cityoflacey.org](mailto:cody.lee@cityoflacey.org)

Sincerely,

Cody Lee  
Recreation Supervisor



**Lacey Parks and Recreation**  
**420 College St SE**  
**Lacey, WA 98503**

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Application for Counselor In Training

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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**Please check which location of volunteer work you would prefer:**

Mt. View Day Camp

Lydia Hawk Day Camp

Weeks you will **not** be available to volunteer? \_\_\_\_\_

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**Please indicate times you will be able to volunteer**

**Comments:**

	Mon	Tues	Wed	Thurs	Fri
Morning					
Afternoon					

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**Please Answer the following:**

1. Are you over 18 years of age? \_\_\_\_\_ If no, this form will require a parent/guardian signature.
2. What types of work interest you? \_\_\_\_\_
3. What special training do you have? (Sports, Arts & Crafts, Drama, etc.) \_\_\_\_\_  
\_\_\_\_\_
4. What activities have you done? (Clubs, Previous Volunteer Work, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. What do you feel you would offer the program? \_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES**

Please provide name and telephone numbers of three (3) non-family references.

- 1) Name \_\_\_\_\_ Telephone \_\_\_\_\_
- 2) Name \_\_\_\_\_ Telephone \_\_\_\_\_

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**PREVIOUS WORK / VOLUNTEER EXPERIENCE**

Employer	Position Held	Dates worked	Supervisor	Reason Left

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**For applicants ages 13 and under:**

- Please note that the City of Lacey does not provide medical insurance coverage for volunteers ages 13 and under should they incur injury to themselves.

**For applicants ages 18 and under:**

Parent/Guardian whom can be reached during the day:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

If Parent/Guardian cannot be reached, contact person:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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I hereby certify that the facts set forth in this Application for Counselor In Training are true and complete to the best of my knowledge. I hereby authorize the City to conduct a thorough background investigation of my prior educational and work history, and to verify information contained in this application as it relates to the position for which I am being considered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature for applicants under 18: \_\_\_\_\_

# Counselor in Training (C.I.T.) 2026 Schedule

## LEVEL I CERTIFICATE (Classroom & Team Building Training)

<u>Dates</u>	<u>Times</u>	<u>Location</u>	<u>Objective</u>	<u>Hours</u>
Wed., May 20 <sup>th</sup>	6:00 pm-8:00 pm	White House-WCCP	Orientation	2
Wed., May 27 <sup>th</sup>	6:00 pm-8:00 pm	White House-WCCP	Class Curriculum	2
Wed., June 3 <sup>rd</sup>	6:00 pm-8:00 pm	White House-WCCP	Class Curriculum	2
Sat., June 6 <sup>th</sup>	10:00 am-4:00 pm	White House-WCCP	Fieldtrip Team Building	6
Wed., June 10 <sup>th</sup>	6:00 pm-9:00 pm	White House-WCCP	Class Curriculum	3
TBD	8:30 am-3:00 pm	TBD	First Aid Certification	6
<b>Total Training Hours:</b>				<b>21</b>

## LEVEL II CERTIFICATE (On-The-Job Work Experience)

<u>Dates</u>	<u>Times</u>	<u>Locations</u>	<u>Assignment</u>	<u>Hours</u>
June 22 <sup>nd</sup> - August 14 <sup>th</sup>	9:00 am- 5:00 pm Monday-Friday (Shift time flexible)	TBD	2 weeks Summer Day Camp	40 per week

**Total Program Training Hours: 101**

Please call Cody Lee, 491-0857, if you have any questions or problems with the times or dates.  
(WCCP= White House at Woodland Creek Community Park, 6729 Pacific Ave.)