



**Narragansett Council, B.S.A.
PO Box 14777
East Providence, RI 02914**

The Narragansett Council is pleased to announce that you have been accepted into the Counselor in Training program at Cachalot Scout Reservation during the upcoming summer season. This will be an exciting opportunity for you to learn new skills and meet new people. You will be expected to report to camp for training on July 2nd, 10:00 am.

Your participation in the Counselor in Training program is contingent upon satisfactory performance of your duties as well as adherence to the principles of the Scout Oath and Law.

During your time as a Counselor in Training, each day presents certain opportunities for personal recreation and program participation. CITs will be provided with appropriate "time off" to relax. CITs are not allowed to leave camp on nights out with staff members.

It is essential that CITs possess at least two complete and current Official Boy Scout uniforms, summer style.

Official BSA Uniform Shirt {Council Shoulder Strip, American Flag, Current Rank Badge if Youth, Order of the Arrow Lodge Flap if a Member, Earned Square Knots & Service Stars, National Camping School Patch if Earned, Green Shoulder Tabs} Official BSA Uniform Shorts; Boy Scout Socks; Web Boy Scout Belt or Leather Belt with Buckle or equivalent Official Venturing Uniform (DO NOT MIX UNIFORMS).

Conduct of a CIT, both in and out of camp, must neither interfere with camp morale nor adversely affect our relationship with the local community. Such conduct may lead us sending the CIT home. CITs are Scouts and must conduct themselves according to the principles of the *Scout Oath & Law*. CITs are required to be registered members of the Boy Scouts of America.

Counselors in Training represent the Narragansett Council and the Boy Scouts of America in the eyes of youth members, adult leaders and the public at large. They are expected to serve as a positive role model for youth in their conduct both in and outside of camp. Posting of material on internet sites such as "My-Space" or "U-tube" or in any other public forum that would provide an inappropriate example for young people may result in being expelled from the program. Camp staff members and CITs are encouraged to carefully consider the content of any such postings.

A satisfactory "*Certificate of Health*" is required of everyone attending camp. The B.S.A. Class III Medical Form is enclosed for your use. Youth and adults must have an annual medical exam, certified by a doctor, which is no older than one year old as of the last date of service.

The council does not provide insurance for the personal effects of CITs.

It is a source of great satisfaction to extend a most cordial welcome, as you undertake responsibilities and a role this summer at Camp Cachalot. I look forward to working with you to make the upcoming summer a success!

Sincerely,
Joe Livingston
Summer Camp Director
Cachalot Scout Reservation
(508) 402-7060 ext. 20
Joe.Livingston@scouting.org

Michael E. Brown
Council Program Director
Narragansett Council
(401) 351-8700 ext 28
mbrown@narragansettbsa.org

I HAVE READ, ACKNOWLEDGE AND AGREE TO ABIDE BY THIS LETTER OF AGREEMENT AS A COUNSELOR IN TRAINING WITH THE NARRAGANSETT COUNCIL, B.S.A.

Please sign below indicating your acceptance of this agreement and return one copy

Accepted by: _____ Date: _____

Parent/Guardian: _____ Date: _____

Dates of Attendance (circle all that apply): Week 1 Week 2 Week 3 Week 4

Participation Fee for CIT is \$250 for the summer. Please include payment with this letter if you have not paid as of yet.

I further understand I must be currently registered with the Boy Scouts of America, and as a Camp Staff Member, agree to live by the Scout Oath and Law at all times. My current BSA membership is with:

Unit # & Community: _____ **OR** **District/Council Position:** _____

Out-of-Council Unit Type and #: _____, **Council Name:** _____

____ Enclosed is \$24.00. I need to become a registered member of the B.S.A. with the Narragansett Council.
Note: All Cachalot staff members are encouraged to join Crew 1 Cachalot. If you are already registered, there is no fee.

Emergency Contacts

PRINTED NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

ALTERNATE EMERGENCY CONTACT: _____

CONTACT ADDRESS: _____

RELATIONSHIP: _____ PERIOD OF ALTERNATE CONTACT: _____

DAY PHONE: _____ NIGHT PHONE: _____

CELL PHONE: _____ WORK PHONE: _____