



CAMP GREY DOVE 2017

An overnight summer camp for siblings of children diagnosed with cancer.

COUNSELOR-IN-TRAINING (CIT) APPLICATION

Monday, June 12th – Friday, June 16th

Peaceable Kingdom Retreat Center (PKRC) for Children, Killeen, TX

Application deadline: **Friday, April 21, 2017**

Applications must be received by this date, not simply postmarked.

Our Purpose: When a child is diagnosed with cancer, the whole family is affected. Siblings may experience feelings of sadness, jealousy, or guilt. *Camp Grey Dove* gives siblings a chance to process these emotions and learn coping skills, while fostering fun and friendship in a summer camp setting. The camp will be held at Peaceable Kingdom Retreat Center (PKRC) for Children in Killeen, Texas.

Website: <https://www.varietytexas.org/vpkrc/>

Please note:

- A limited number of Counselor-in-Training (CIT) positions are available.
- Applications are reviewed and accepted based on: skill, desire to work with children, previous camp experience/performance (preferred), and space.
- Prior camp experience does not guarantee you a CIT position.
- Your essay response to why you want to volunteer as a CIT will be carefully considered and is important to your application. You must be able to be a positive role model for campers.
- An interview with Any Baby Can staff will be part of the selection process.
- You will be notified by mail or email if you are accepted to be a CIT.

Applicant Eligibility

If you meet **all** of these criteria, you are eligible to apply to be a 2017 Counselor-in-Training (CIT)

- You are between the ages of 15-17 as of June 1, 2017 (age limits are firm)
- Your brother or sister has/had cancer

If you have questions or need more copies of the application, please contact Allison Bautista at (512) 610-3596 or AllisonB@anybabycan.org

Application Instructions

- PARENT/GUARDIAN MUST FILL OUT ALL FORMS COMPLETELY. Your child's application will not be considered if received late or incomplete. Documents to be submitted are:

- CIT Application and Information
- Medical Information
- Immunization Record
- Pre-Camp Survey

- Use N/A (Non-Applicable) in fields that do not apply to you
- Submit completed application by Friday, April 21.
- Ways to submit:
 - Email to AllisonB@anybabycan.org
 - Fax to 512.477.9205, Attention: Allison Bautista
 - Mail to:
Any Baby Can Candlelighters Childhood Cancer Program
ATTN: Allison Bautista
6207 Sheridan Ave.
Austin, TX 78723

If mailing please note: your application must be received by our office by 5:00pm on April 21, not simply postmarked by that date.

CIT Application and Information

CIT's Name _____ Preferred Name _____

Date of Birth _____ Age (as of June 1, 2017) _____ Gender _____

T-shirt Size (please circle one) Youth size: S M L Adult size: S M L

Home Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

An email address is **required** for signing camp releases. Please contact Allison Bautista if you do not have an email address.

Emergency Contact Person _____ Relation to CIT _____

Home Phone _____ Work Phone _____ Cell Phone _____

Are you a current or former Any Baby Can client? Yes No

Is this your first year attending Camp Grey Dove? Yes No

If you have attended Camp Grey Dove as a CIT in previous years, please list which years: _____

Tell us more about why you want to volunteer as a CIT for Camp Grey Dove. (Attach another page for more space if needed)

List languages other than English that you speak fluently: _____

Activities, groups, or organizations you are involved in:

Do you have any specific diet or eating needs? (please specify)

Medical Information

CIT's name _____

Date of Birth _____

Emergency contact _____

Phone number _____

Allergies and Restrictions

Food	Reaction		Medicine	Reaction		Other	Reaction

Current Medicines Prescription and non-prescription. You must send a one-week supply to camp with your child. Please clearly label each medication with child's name and any special instructions.

Medication	Dosage	Time Administered	Other Info (e.g. with food)

Do you require any special medical equipment? (please specify)

Do you have special mobility considerations?

Do you have any special medical conditions that Camp Grey Dove needs to know about?

Health Plan/Insurance _____ ID Number _____

Policy Holder _____ Policy Holder Date of Birth _____

Name of Physician _____ Physician Phone Number _____

A copy of your current immunization record is required for camp attendance. No child will be allowed to stay at camp without this record. Be sure to attach a copy to this application.

Information about sibling who has/had cancer:

Sibling's name _____ Sibling's Age _____

Diagnosis _____ Date of Diagnosis _____

Sibling is currently: On-treatment Off-treatment

Brief description of sibling's current medical needs and treatments

If the camper's sibling is deceased, what is the anniversary date? _____