



# CAMP GREY DOVE 2018

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

## COUNSELOR-IN-TRAINING (CIT) APPLICATION

Monday, June 4<sup>th</sup> – Friday, June 8<sup>th</sup>

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

Application deadline: **Friday, April 20, 2018**

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 2018 Counselor-in-Training (CIT)

- You are between the ages of 15-17 as of June 1, 2018 (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](mailto: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 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 20.
- Ways to submit:
  - Email to [AllisonB@anybabycan.org](mailto: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 20, not simply postmarked by that date.

# CIT Application and Information

CIT's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of June 1, 2018) \_\_\_\_\_ 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.

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Emergency Contact Person \_\_\_\_\_ Relation to CIT \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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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**)

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List languages other than English that you speak fluently: \_\_\_\_\_

Activities, groups, or organizations you are involved in:

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

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## 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 or behavioral 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? \_\_\_\_\_

## Pre-Camp Survey: Parents

**We are interested in your opinion about your child.**

**Please circle a response for each of the following statements.**

Child's Name: _____ My Child:	☹	☹	☺	☺
Has an easy time making friends with the other children	Strongly Disagree	Disagree	Agree	Strongly Agree
Is courageous	Strongly Disagree	Disagree	Agree	Strongly Agree
Is comfortable making new friends	Strongly Disagree	Disagree	Agree	Strongly Agree
Feels good about himself/herself	Strongly Disagree	Disagree	Agree	Strongly Agree
Keeps in touch with other kids he/she met at camp	Strongly Disagree	Disagree	Agree	Strongly Agree
Is comfortable discussing the sibling's illness with others	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to try new things that he/she would not normally do	Strongly Disagree	Disagree	Agree	Strongly Agree
Is comfortable expressing feelings to others	Strongly Disagree	Disagree	Agree	Strongly Agree
Understands their sibling's condition	Strongly Disagree	Disagree	Agree	Strongly Agree
Requires little attention	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to get involved in activities	Strongly Disagree	Disagree	Agree	Strongly Agree
Interacts favorably with their siblings	Strongly Disagree	Disagree	Agree	Strongly Agree
Prefers being with other kids who understand him/her	Strongly Disagree	Disagree	Agree	Strongly Agree
Deals well with our situation at home	Strongly Disagree	Disagree	Agree	Strongly Agree
Often feels left out of what is happening	Strongly Disagree	Disagree	Agree	Strongly Agree
Comes to me for advice when needed	Strongly Disagree	Disagree	Agree	Strongly Agree
Goes to friends for advice when needed	Strongly Disagree	Disagree	Agree	Strongly Agree
Has caring friends	Strongly Disagree	Disagree	Agree	Strongly Agree
Has caring family support	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to share feelings with family	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to share feeling with friends	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to tell other adults about his/her feelings	Strongly Disagree	Disagree	Agree	Strongly Agree

What ways do you anticipate your child benefitting from camp?

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