CAMP GREY DOVE 2020

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

COUNSELOR-IN-TRAINING (CIT) APPLICATION

Monday, June 8th – Friday, June 12th
Peaceable Kingdom Retreat Center (PKRC) for Children, Killeen, TX

Application deadline: Friday, May 1, 2020
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** these criteria, you are eligible to apply to be a 2020 Counselor-in-Training (CIT)

- You are between the ages of 15-17 as of June 1, 2020 (age limits are firm)
- Your brother or sister has/had cancer

If you have questions or need more copies of the application, please contact Jade Santiago at (512) 608-2395 or jade.santiago@anybabycan.org

There is no cost to families to attend Camp Grey Dove. However, campers and CITs are required to bring some supplies, like bedsheets and a towel. A packing list will be provided. If you are unable to purchase supplies for camp, please contact Any Baby Can. Financial assistance may be available.

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, May 1.
- Ways to submit:
  - Email to jade.santiago@anybabycan.org
  - Fax to 512.477.9205, Attention: Jade Santiago
  - Mail to:
    - Any Baby Can Candlelighters Childhood Cancer Program
    - ATTN: Jade Santiago
    - 6207 Sheridan Ave.
    - Austin, TX 78723

  _If mailing please note:_ your application must be received by our office by 5:00pm on May 1, not simply postmarked by that date.
CIT Application and Information

CIT's Name __________________________  Preferred Name __________________________

Date of Birth ____________________  Age (as of June 1, 2020) ______  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 Jenny Baldwin 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 (or sign) 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

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<th>Food</th>
<th>Reaction</th>
<th>Medicine</th>
<th>Reaction</th>
<th>Other</th>
<th>Reaction</th>
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## 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.

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<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time Administered</th>
<th>Other Info (e.g. with food)</th>
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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 benefiting from camp?

_____________________________________________________________________________________________