



# CAMP GREY DOVE 2022

Monday, June 6 – Friday, June 10

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

An overnight summer camp for children who have been diagnosed with cancer and their siblings, or who have lost a sibling to cancer.

## COUNSELOR-IN-TRAINING (CIT) APPLICATION

**Application deadline: Monday, May 16, 2022**

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

When a child is diagnosed with cancer, the whole family is affected. The child and their siblings may experience feelings of sadness, jealousy or guilt. Camp Grey Dove gives children 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.

Learn more at [anybabycan.org/camp](https://anybabycan.org/camp) or email us at [campgreydove@anybabycan.org](mailto:campgreydove@anybabycan.org).

## Applicant Eligibility

- A limited number of Counselor-in-Training (CIT) positions are available.
- Applications are reviewed and accepted based on skill and desire to work with children, and previous camp experience.
- Prior camp experience is preferred but 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.

If you meet **all** the criteria listed below, you are eligible to apply to be a Counselor-in-Training (CIT).

- You are between the ages of 15 and 17 as of June 6, 2022 (no exceptions).
- Your brother or sister has/had cancer.

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

- **The parent or guardian must fill out all forms completely.** Your child's application will not be considered if received late or incomplete. Use N/A (Non-Applicable) in fields that do not apply to you.
- **The documents listed below must be submitted with your application.**
  - CIT Application and Medical Information
  - Immunization Record
  - Pre-camp Survey
- **Completed applications are due by 5 pm on Monday, May 16, 2022.** Ways to submit:
  - Email to [campgreydove@anybabycan.org](mailto:campgreydove@anybabycan.org)
  - Fax to 512.477.9205, Attention: Jade Santiago
  - Mail to:
    - Any Baby Can
    - Candlelighters Program
    - ATTN: Jade Santiago
    - 6207 Sheridan Ave.
    - Austin, TX 78723

**If mailing please note** that your application must be received by our office by 5 pm on Monday, May 16, 2022, not simply postmarked by that date.

**Questions?** Contact Jade Santiago at (512) 608-2395 or [campgreydove@anybabycan.org](mailto:campgreydove@anybabycan.org).

# CIT Application and Information

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

Date of Birth \_\_\_\_\_ Age (as of June 1, 2022) \_\_\_\_\_ 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** to sign camp releases. Contact Jade Santiago at 512-608-2395 if you don't have an email.

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 before, 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 (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**

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?

Does your child have any special medical or behavioral conditions that we need 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 the child who has been diagnosed with cancer:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Child with cancer diagnosis is currently:       On-treatment       Off-treatment

Brief description of current medical needs and treatments: \_\_\_\_\_

\_\_\_\_\_

If the child is deceased, what is the anniversary date? \_\_\_\_\_

## Pre-Camp Survey: Parents

We're 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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**DISCLOSURE AND AUTHORIZATION**  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Any Baby Can ("The Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), military records, verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 200, Hunt Valley, MD, 800-635-1649, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Any Baby Can by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by Any Baby Can, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 200, Hunt Valley, MD, 800-635-1649, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BACKGROUND INFORMATION**

**Name:** (First) (Middle) (Last) (Maiden)

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**Social Security Number** (9 boxes)      **Date of Birth: (00/00/0000)** (8 boxes)

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**Drivers' License Number:** (16 boxes)      **(State)** (2 boxes)

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**Current Address:** (Street) (City) (State/Zip)


**Recent Employment:** (Employer Name) (City) (State)

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(Contact Name) (Contact Phone Number)

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(Title) (Salary) (Start Date 00/00) (End Date)

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Is this your current employer?  Yes  No      If so, may we contact them?  Yes  No

**Education:** (Institution/ School Name)

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(City) (State) (Graduation Date)

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(Highest Degree Obtained) (Major)

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**Professional License:** (Type/Number) (State) Year

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**Account: Any Baby Can**

**For Internal Use Only:**

Social Security Verification	<input type="checkbox"/>	State Dept. of Law Enforcement	<input type="checkbox"/>
National Criminal Database*	<input type="checkbox"/>	NATL Sexual Offender Registry	<input type="checkbox"/>
State Criminal Database	<input type="checkbox"/>	County Criminal	<input type="checkbox"/>

\*Pass thru fees may apply and vary by state.

**NOTICE REGARDING BACKGROUND INVESTIGATION  
PURSUANT TO CALIFORNIA LAW**

Any Baby Can (the "Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) or any credit report information will be Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.