



# CAMP GREY DOVE 2024

Saturday, June 29 – Monday, July 1

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

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

## COUNSELOR-IN-TRAINING (CIT) APPLICATION

**Application deadline: Monday, May 1, 2024.**

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

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/>

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 28, 2024 (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 bed sheets 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 1, 2024.** Ways to submit:
  - Email to [campgreydove@anybabycan.org](mailto:campgreydove@anybabycan.org)
  - Fax to 512.477.9205, Attention: Desiree Medina
  - Mail to:
    - Any Baby Can
    - CARE Program
    - ATTN: Desiree Medina
    - 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 1st, 2024, not simply postmarked by that date.

**Questions?** Contact Desiree Medina at 512-230-6712 or [campgreydove@anybabycan.org](mailto:campgreydove@anybabycan.org).

## CIT Application and Information

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

Date of Birth \_\_\_\_\_ Age (as of July 1<sup>st</sup>, 2023) \_\_\_\_\_ 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 Desiree Medina at 512-230-6712 if you don't have an email.

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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 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:

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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 the 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 benefiting from camp?

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