



# Easterseals Iowa

## Counselor in Training Day Camp 2019 Checklist

**\*\*\*\* Please allow up to 2 weeks of processing of application once ALL paper work from checklist below has been received to the Program and Support Specialist. Please send all items together, in one shipment, in order to begin the process of the application. Sending partial applications does not hold or reserve a spot for your camper.** Counselor in Training Camp is for ages 13-17 years old, must have previously attended Camp Sunnyside as a camper to apply and be able to maintain a 1:10 ratio. Please provide the checklist below and your packet will be reviewed. Hours are Monday through Friday, 8:00 am-5:00 pm. Extended hours are available. This is a private pay program only and is \$75 per week, if Extended Hours are needed the total for the week will be \$125. \*\*\*\*

### **STEP 1)** Complete the following items:

- Counselor in Training Application
- Signed Policies and Procedures
- Signed Photo Release for Volunteers
- Signed Waiver to Participate/Medical Release
- Signed Code of Conduct
- Completed Reference Questionnaire
- Physical with signature (we do not accept electronic signatures)
- Financial Information Form/CIT Registration Form
- \$75 non-refundable deposit

### **STEP 2)** Send your application by one of the following methods:

Email: [campandrespite@eastersealsia.org](mailto:campandrespite@eastersealsia.org)

Fax: 515-289-1281  
Attn: Camp and Respite

Mail or Drop Off: Easterseals Iowa  
Attn: Camp and Respite  
401 NE 66<sup>th</sup> Ave  
Des Moines, IA 50313

**STEP 3)** After we have received your application, the applicant will be subject to an interview. A member of our team will be in contact with you to schedule an interview. Interviews will be held at Camp Sunnyside.

**NOTE: Applications must be received by June 1 to be considered for the 2019 program.**



# Easterseals Iowa Camp Sunnyside Counselor In Training Application 2019

Office use only:

Ages 13-17 \$75 per week, \$75 non-refundable deposit required

Client Information (Please Print Legibly)		
Last Name:	First Name:	Middle Name:
Address:		
City/State:	County:	Zip Code:
Phone:	Cell Phone:	Gender:
Email:	Birthdate: / /	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Ethnicity: _____
Camper Height: _____	Camper Weight: _____	13 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Food Allergies: _____		Reaction: _____
Other Non-Food Allergies: _____		Reaction: _____
Epi Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain: _____		
Does the camper need assistance in the event of a fire, tornado, flood or bomb threat? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Guardian 1		
First Name:	Last Name:	Relationship:
Address:		
City:	County:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:	Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:	Preferred Method of Contact:	

Guardian 2		
First Name:	Last Name:	Relationship:
Address:		
City:	County:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:	Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:	Preferred Method of Contact:	

Easterseals' mission is to provide exceptional services to ensure that all people with disabilities or special needs and their families have equal opportunities to live, learn, work and play in their communities.



# Easterdeals Iowa Camp Sunnyside

Applicant Information		
Last Name:	First Name:	Middle:

Please list TWO references (1 relative and 1 non-relative):

(Name and Relationship): \_\_\_\_\_

(Name and Relationship): \_\_\_\_\_

*Please have each of the references listed above complete the attached CIT Reference Questionnaire, place in a sealed envelope, and return it to Camp Sunnyside with your application.*

Please list any previous experience as a CIT and corresponding year, if applicable:

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The following is a list of some everyday camp activities you as a CIT would encounter. Please place a "T" next to any that you can assist in teaching. Place a "L" next to any that you are interested in learning more about.

- Arts & Crafts    
  Nature    
  Ropes Courses    
  Archery    
  Fishing
- Waterfront    
  Elements    
  Environment    
  Wilderness    
  Sign Language
- Sports & Games    
  Planning & Facilitating Activities    
  Other: \_\_\_\_\_

*Easterseals' mission is to provide exceptional services to ensure that all people with disabilities or special needs and their families have equal opportunities to live, learn, work and play in their communities.*

Please fill out the following information

What would you like to learn this summer as a result of participating in the program?

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Why should you be a Counselor in Training and how would you contribute to the CIT team this summer?

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## **Policies and Procedures**

I agree to volunteer for Easterseals Iowa without compensation and comply with all rules, regulations and agency policies and procedures. By signing below, I certify that the answers and information in this application are accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not accurate or complete, I may not be eligible to be an Easterseals volunteer. I authorize Easterseals to investigate all statements, contained in this application. I understand that Easterseals will conduct a child abuse/criminal record check on my background. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me on this application.

I understand that a part of the rules and regulations is a policy of confidentiality. I understand that names, diagnoses, and other consumer information must not be shared unless it is with an Easter Seals manager or the volunteer services coordinator. I understand that any violation of the confidentiality policy can result in immediate discharge as an Easterseals volunteer.

## **Photo Release for Volunteers**

I hereby grant my permission for Easterseals to take pictures and films of myself, either individually or as a member of a group, understanding that such may be used in Easterseals promotional brochures, publications, and the website. Please initial here if you *do not* extend permission for photos to be taken of you: \_\_\_\_\_

## **Waiver to Participate/Medical Release**

In consideration of your acceptance of my participation, I hereby, for myself, my heirs, executors, and administrators, waive any and all rights and claims for damages I may now or hereafter have against individuals associated with this program and event(s), their agencies, representatives, successors, and assigns, for any and all injuries suffered by me in said program event(s). I certify that I have full knowledge of any risks involved; I am physically fit and satisfactorily trained to participate; and I have no medical or physical conditions that prevent my participation. Further, if I sustain an injury or become ill while on premises of or while engaged in any activity associated with Easter Seals, I do hereby give my permission and/or consent to the personnel of Easter Seals to secure and authorize such emergency medical/dental/treatment as either I might require. I agree to pay all of the costs and fees authorized under this consent.

I have read and understand the information contained on this form.

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

**If under 18, parent(s) must sign.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Counselor in Training Code of Conduct

Below is listed our expectations of all Counselors in Training. Please review and sign below.

- I will arrive by 8am Monday through Friday unless special arrangements have been made ahead of time. I understand that being tardy or absent may result in my dismissal from the CIT program.
  
- I will dress in neat, clean clothing appropriate for the daily activities. I understand that showering and proper hygiene are required.
  
- I will assist in leading and setting up activities, as well as assisting with clean up after activities.
  
- I will model good behavior, set the example, and use appropriate language. I am a role model and know that younger campers are watching me. I understand that inappropriate behavior, language, or attitude may result in my dismissal from the CIT program.
  
- I will be respectful of others. I will be a friend to **ALL** campers, and will encourage nervous or struggling campers.
  
- I will be open to feedback from staff members.
  
- I will approach camp with a positive attitude each day. I know that my enthusiasm is contagious!
  
- I will communicate with the staff I am working with. I will ask how I can best help and will do my best to perform any tasks or responsibilities I am given. I will inform the staff of any issues that come up and will ask for help when I need it.
  
- I will never discipline other campers. I understand that I am still a camper myself, and will focus on modeling good behavior.
  
- I will begin to think about camp from a counselors perspective – how can I help make transitions go smoothly? What are the group dynamics within this activity? What characteristics of the Camp Sunnyside staff make them good leaders?
  
- I will leave my phone and all electronics at home or check them in with my counselor upon my arrival.
  
- I will have fun!

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

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

Parent/Guardian Signature: \_\_\_\_\_

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

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# Counselor in Training (CIT) Reference Questionnaire



Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

This person has given your name as a reference that could evaluate his/her character. Please give careful consideration to the questions asked about the applicant. **Remember that this individual will be a role model for a group of children.** You as a reference are expected to answer openly and honestly about our leaders of tomorrow! Upon completion, please place in a sealed envelope and return to the applicant who will submit this form with their application.

Describe the relationship you have had with this applicant and for how long:

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Why would this individual be a positive role model for children? Please explain:

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How would Easter Seals Iowa Camp Sunnyside benefit from having this individual as a CIT?

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Are you aware of any problems or concerns that might interfere with this applicant's ability to perform the CIT position?

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May we contact you if we have further questions? [  ] Yes [  ] No

We greatly appreciate your time and effort. Selecting a positive role model for children is no easy task! Your assistance in our program will make our difficult selection process easier, enabling us to choose the best candidates for the position.

Thank you!

Signed: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

# Counselor in Training (CIT) Reference Questionnaire



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May we contact you if we have further questions? [ ] Yes [ ] No

We greatly appreciate your time and effort. Selecting a positive role model for children is no easy task! Your assistance in our program will make our difficult selection process easier, enabling us to choose the best candidates for the position.

Thank you!

Signed: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_





# Health History Form

Client Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

*\*please complete all fields and return this form\**

In the event of an emergency, I give permission for Easterseals Iowa to contact the following **three** individuals: (Please list contacts in the order you would like them to be contacted). In the event of an early discharge please have a plan I place within an hour.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Regular Physician: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Please List all allergies and reactions: \_\_\_\_\_

Do you carry an Epi Pen?  Yes  No ***\*If so, please bring your Epi Pen with you to your sessions\****

Any recent surgery or illness? \_\_\_\_\_

Any Chronic or recurring illness? \_\_\_\_\_

Any other information? \_\_\_\_\_

Does this person have a seizure disorder?  Yes  No Date of last Seizure: \_\_\_\_\_

Scheduled, PRN (as needed) and Non-Prescription Medications:

Dosage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_



# Physical Examination Form

Client Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

This form is to be completed by a licensed physician or by a physician's assistant.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

**Other exam forms will not be accepted.**

State the most recent date of occurrence:

Chicken pox \_\_\_\_\_

Measles \_\_\_\_\_

German Measles \_\_\_\_\_

Mumps \_\_\_\_\_

	Normal	Abnormal
EENT		
Heart		
Lungs		
Resp.		
GI		
Abdomen		

Known allergies and reaction: \_\_\_\_\_

Epi-Pen?  Yes  No

	Yes	No	Please Explain
<b>The applicant is under the care of a physician for a medical diagnosis/disability.</b>			
<b>The applicant can participate in the following adapted activities:</b> Swimming, horseback riding, zip-line, rock wall, adventure tree climbing, and other outdoor activities			
<b>The applicant has received a Tetanus Booster within the last ten years.</b>			
<b>Date of most recent Tetanus Booster:</b> _____ <i>*please attach all immunization records*</i>			

I have examined the person herein described and reviewed his/her health history. It is my opinion that he/she is physically able to engage in any required activities, except as may be noted above, and is free of communicable or contagious disease.

\_\_\_\_\_  
Signature of examining physician or physician's assistant

\_\_\_\_\_  
Please print name

Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_



# Counselor in Training Camp

## Registration 2019

Today's Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

### Where would you like us to send the invoice?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I prefer electronic billing statements Email Address for billing: \_\_\_\_\_

### Method of Payment:

**Check**

Amount Enclosed: \$ \_\_\_\_\_

*(make payable to Easter Seals Iowa)*

**Credit Card**

Visa  MasterCard  Discover

Amount Authorized: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ 3 Digit Code *(on back of card)*: \_\_\_\_\_

Would you like us to charge your card for the remaining balance the Wednesday before the session?  Yes  No

### CIT Camp is for ages 13-17.

Check-in is weekdays 8-9 am.

Check-out is weekdays 4-5 pm.

\*please mark all sessions you would like to attend\*

CIT1  **June 11-June 15**

Myth Busters

CIT2  **June 18-June 22**

Under the Sea

CIT3  **June 25-June 29**

Western Week

CIT4  **July 2-July 6**

Stars and Stripes

CIT5  **July 9-July 13**

Superheroes

CIT6  **July 16-July 20**

Shipwrecked

CIT7  **July 23-July 27**

Rock and Roll

CIT8  **July 30-Aug 3**

Choose Your Own Adventure

CIT9  **Aug 6-Aug 10**

Animal Planet

CIT10  **Aug 13-Aug 17**

Slime Time

### EXTENDED HOURS

*Please check each week and at what time you will be using extended hours.*

Between

Between

Both

7-8 AM

5-6 PM

AM & PM

**(if you will not need to use extended hours, please ignore this section)**

Extended hours run from

7:00am - 8:00am and

5:00pm - 6:00pm.

*They are available for an additional fee of \$50 per week. This payment must be paid in full before the session starts.*

	Between 7-8 AM	Between 5-6 PM	Both AM & PM
1- June 11-June 15			
2- June 18-June 22			
3- June 25-June 29			
4- July 2-July 6			
5- July 9-July 13			
6- July 16-July 20			
7- July 23-27			
8- July 30-Aug 3			
9- Aug 6-Aug 10			
10- Aug 13-Aug 17			

## Thank you for choosing Easterseals Iowa Camp Sunnyside!

Once you have completed this application, please send it with the \$75 non-refundable deposit to Camp Sunnyside by one of the following methods:

Email: [campandrespite@eastersealsia.org](mailto:campandrespite@eastersealsia.org)

Fax: 515-289-1281

Mail or Drop Off: Easterseals Iowa  
Attn: Camp and Respite  
401 NE 66th Ave  
Des Moines, IA 50313

### IMPORTANT!

- CIT Camp is for ages 13-17. Check in is weekdays 8-9 am and check out is weekdays 4-5 pm. CIT Camp is designated for campers who can maintain a 1:8 staff to camper ratio at all times and be independent with personal cares.
- Once a camper is fully registered, a letter will be sent to the camper's residence confirming the week (s) they are registered for.
- A non-refundable \$75 deposit is required to register a camper. Please send the deposit with the application, as the camper cannot be registered until we receive it. We do not reserve or hold spots. The \$75 deposit will be applied to the first camp session.
- Failure to pay for registered camp weeks in advance may result a loss of registration for that session. If the remaining balance is sent separately from the deposit and application, please send it to our Accounting Department at:  
Easterseals Iowa  
Attn: Accounting  
401 NE 66<sup>th</sup> Ave  
Des Moines, IA 50014
- The full \$75 is required even if the camper will not attend the entire camp session.
- Any application turned in after July 1, 2019 will require the camp payment to be made in full before the camper can be registered.
- If the camper can no longer attend the registered camp sessions, please contact the Program and Support Specialist at 515-309-2375. Failure to cancel the camp session at least one week before the camp session begins may result in the billing contact identified on the Registration Form being charged for the full camp session .
- Failure to call in to cancel registration could lead to cancellation of future registration weeks.
- If you are using extended hours, please remember the Day Camp Programs will maintain a strict adherence to the 6:00 pm closure time. There will be a late charge of \$10 due at the time of pick-up if a parent comes for a client between 6:00 pm – 6:10 pm. After 6:10 pm, there is an additional charge of \$1 per minute.

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If you have any questions, please contact our Program and Support Specialist, at

515-309-2375 or [campandrespite@eastersealsia.org](mailto:campandrespite@eastersealsia.org).

# Theme Descriptions

**CIT1 Myth Busters:** Fact or Myth: A Sasquatch (Big Foot) resides at Camp Sunnyside. Help us bust this mystery after an evening Sasquatch hunt and join us for other myth busting activities!

**CIT2 Under the Sea:** Mermaids, Sharks, and Sea Creatures Oh MY! This week is all about fun filled water activities! Get ready to spend countless hours at Lake Cheerio, search for the Lochness monster, and get wet and wild as we go on an adventure under the sea.

**CIT3 Western Week:** Yeehaw! It's back again for another time around the barrel! Enjoy a rodeo, horse-back riding, and lots of Country Western Music during this honky-tonk week. We will also turn camp into the Wild West with demonstrations from the Pony Express Riders of Iowa. Costumes and Western wear are encouraged!

**CIT4 Stars and Stripes:** Celebrate our great Nation this week with our Fourth of July celebration! This week will be filled with many fun, patriotic activities – including a Parade! Come wearing your red, white, and blue.

**CIT5 Superheroes:** Camp Explore is being offered to all children in Iowa with visual impairments. Easter Seals Iowa is collaborating with Iowa Braille School to make this a special session designed for persons with visual impairments, but anyone is welcome to join in the fun. You will also get to experience being a crime-fighting superhero in this fun filled week so bring your superhero costumes!

**CIT6 Shipwrecked:** Oh no! You've been shipwrecked at camp! Complete treasure hunts, search for gold, and learn survival skills. Plus join in on the fun of the Regatta!

**CIT7 Rock and Roll:** If you like to rock and roll, this camp is for you! With music blaring all week long on the patio and a live performance by a cover band, this week totally ROCKS! We also encourage our campers' creativity by making music and instruments of our own.

**CIT8 Choose Your Own Adventure:** This week is all about choosing your own adventure. Work together with your cabin to decide your fate throughout the week. Are you ready for the adventure that lies ahead?

**CIT9 Animal Planet:** Learn all about the farm and wildlife animals of Camp Sunnyside. Get a chance to learn to care for, feed and spend some time with the domestic animals of Sunnyside. Then while out and about get a chance to see the wild side of camp.

**CIT10 Slime Time:** Let's get ready for some slime time! Make some goop, or slide down our banana split and slide. Prepare to get ewwy during this super slimy week.