



Easterseals Iowa

Counselor in Training Day Camp 2024 Checklist

Please allow three weeks for processing.

The Counselor in Training Program is for ages 16+ 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, 9:00 am-5:00 pm. This is a private pay program only and is \$100.00 for the week. \$50.00 deposit is required.

CIT Week will be held July 22nd-July 26th

STEP 1) Complete the following items:

- Counselor in Training Application
- Completed Questionnaire
- Signed Code of Conduct
- Physical with signature (we do not accept electronic signatures)
- CIT Registration Form/Financial Information Form
- \$50 non-refundable deposit
- Waiver Release Forms

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

Email: campandrespite@eastersealsia.org

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

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

NOTE: Applications must be received by June 1 to be considered for the 2024 program.



Easterseals Iowa Camp Sunnyside Counselor In Training Application 2024

Office use only:

Ages 16+ \$100/week. \$50 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: _____	16 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
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.



Easterseals Iowa Camp Sunnyside

This section is to be completed by the applicant.

Applicant Information		
Last Name:	First Name:	Nickname (if any):

Please list any previous experience as a Counselor in Training (CIT), or a similar position, if applicable:

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?

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

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 9:00am Monday through Friday, unless special arrangements have been made ahead of time.
- I will dress in neat, clean clothing appropriate for the camp 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 open to feedback from my team members.
- I will approach camp with a positive attitude each day. I know that my enthusiasm is contagious!
- I will communicate with the team members 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 supervisor 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 counselor's perspective – how can I help make transitions go smoothly? What are the group dynamics within this activity? What characteristics of the Camp Sunnyside team members 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: _____

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.



Medical Information Form 2024

This form is to be completed by a licensed physician or by a physician's assistant. Any activity restrictions will need to be indicated by a physician.

1. Is the applicant under the care of a physician for non-preventative care?

YES _____ NO _____

2. I agree that medication will be a part of service provided as needed.

YES _____ NO _____

3. The applicant can participate in the following adapted activities: Swimming, horseback riding, zip-line, rock wall, and other outdoor activities:

YES _____ NO _____ If no, please explain: _____

I have examined the above individual and reviewed his/her health history. It is in 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 at this time.

Signature of Licensed Medical Professional: _____ Exam Date: _____

Printed Name: _____ Phone Number: _____



Counselor in Training Camp

Registration 2024

Client's Name: _____ Birthdate: _____ Today's Date: _____

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 16+

Check-in is weekdays at 9:00 am.

Check-out is weekdays 5:00 pm.

CIT Week will be held July 21st-July 26th



CIT 2024 Financial Form

Office use only	
Client ID	_____
Program	_____

Client Name: _____ **Birthdate:** _____

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 *(Make payable to Easterseals Iowa)*
Amount Enclosed: \$ _____

Credit Card Visa MasterCard Discover
Amount Authorized: \$ _____

Card Number: _____

Expiration Date: _____ 3 Digit Code: _____

Name on Card: _____

Signature: _____

\$50 Deposit Required

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

- Please note:**
- The non-refundable \$50 deposit must be sent with the application. Deposits will be applied to the last registered camp session.
 - All outstanding balances must be paid prior to registration.



-WAIVER OF LIABILITY-

Signature Required

Client Name: _____

Program Name: _____

With the understanding that Easterseals Iowa (hereafter known as ESI) will make reasonable efforts to prevent accidents, injuries, or other mishaps, I acknowledge the following:

The undersigned, individually or as a parent or natural guardian, in partial recognition of services rendered claims, demands, or actions, causes of action or suits of whatsoever kind or nature for damages sustained by the normal client or accruing to the undersigned in consequence of any accident or occurrence resulting from the use of durable medical equipment and/or participation in any activity or program of ESI and regardless of whether the named client is not on the premises of said ESI, and is engaged in any venture or solely on his or her own behalf.

I give permission for the applicant to attend ESI sponsored programs and to ride in vehicles operated or leased by ESI.

I agree to not send this applicant to an ESI program if he or she has been exposed to contagious disease within three weeks of the starting date of the program and to notify Easterseals Iowa Camping, Recreation, and Respite services immediately if this situation arises.

The applicant has permission to engage in all prescribed activities except those noted by an examining physician or physician assistant and me. In the case of an emergency or ill health, I hereby give permission to the physician selected by ESI to order x-rays, routine test, and treatments. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by ESI to hospitalize, secure proper treatment for, to order injections and/or anesthesia and/or surgery for the named participant.

I understand that the participant is responsible for his/her own medical coverage and associated cost.

This release may be revoked in writing except to the extent action has been taken in reliance upon the release.

I understand and agree to the above section.

Signature of legally responsible person (parent, guardian, or applicant if own guardian):

Print Name: _____

Date: _____

Sign Name: _____

Relationship: _____



-Photo Consent Form-

Select 1 box and Signature Required

Client Name: _____

Program Name: _____

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easterseals Iowa may be used by Easterseals Iowa, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easterseals Iowa and that these materials may be released to the general public. I assign to Easterseals Iowa all of my rights to these materials. All photographs and other media which include your image are the sole property of Easterseals Iowa. Such photos may be used at various times unless you revoke this photo consent in writing. Any revocation is valid from the date it is received by Easterseals Iowa and will not apply to photos that have been used prior to the revocation in any publication or other media.

I understand that these materials may be published on Easterseals Iowa's network of Web sites and this may disclose my personal and protected health information. To ensure the privacy of any person under age 18, Easterseals Iowa will use only the first name and the location of the Easterseals Iowa organization where a minor receives services. Easterseals Iowa does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easterseals Iowa may decide not to use them.

I acknowledge that the rights described above are granted to Easterseals Iowa on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easterseals Iowa will not condition any treatment or funding to me on the completion of this authorization. I also understand that I may revoke my consent to allow Easterseals Iowa to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easterseals Iowa in writing by sending my revocation to Easterseals Iowa Intake/Marketing Coordinator. I understand and agree that once Easterseals Iowa, and those acting with its permission, disclose my protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

Yes - please take and/or use my picture.

No - please do not take and/or use my picture.

I fully understand the contents of this release and authorization.

Camper Signature

Date

Guardian Signature

Date



**ACKNOWLEDGEMENT OF RECEIPT OF THE
EASTERSEALS IOWA INCORPORATED
NOTICE OF PRIVACY PRACTICES**

Signature Required

Client Name: _____ Program Name: _____

I, _____, acknowledge that I have received a copy of The Easterseals Iowa Incorporated's Notice of Privacy Practices which summarizes the ways my identifiable health information may be used and disclosed by Easterseals Iowa and states my rights with respect to my health information. I understand Easterseals Iowa has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event Easterseals Iowa revises its information practices, a revised Notice will be posted at each Easterseals Iowa location and that I may obtain a current Notice of Privacy Practices at any time from the Easterseals Iowa State Office or the website at www.eastersealsia.org.

Signature of Client/Guardian/Representative

Date Signed

If Guardian/Representative - State relationship to client



Consent to Leave Phone Messages/Release of Information

Client Name: _____ Program Name: _____

By completing the consent below, you authorize us to release information or leave a detailed message on voicemail or with a specific individual. All campers must have an emergency contact listed who will answer their phone and respond to messages while the camper is at camp.

Option A- I give my consent to Easterseals to release and/or leave messages regarding services as necessary in the following situations:

- 1. On cell phone via voicemail
- 2. On cell phone via text message
- 3. On answering machine at home
- 4. On voicemail at work
- 5. With _____ (Relationship) _____

Client Signature : _____

Date: _____

Guardian Signature (if applicable): _____

Date: _____

Option B- I do not consent to messages being left. Please contact directly.

Client Signature

Date

Guardian Signature (if applicable)

Date