



Easterseals Iowa

Counselor in Training Day Camp 2025 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 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, 8:00 am-5:00 pm. This is a private pay program only and is \$100 for the week. \$50 deposit is required.

CIT Week(s) will be held July 14th-18th & July 21st-25th

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
- \$50 non-refundable deposit

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 2025 program.



Easterseals Iowa Camp Sunnyside Counselor In Training Application 2025

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

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

Please list any previous experience as a 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?

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 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 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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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 in 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
The applicant is under the care of a physician for a medical diagnosis/disability.			
The applicant can participate in the following adapted activities: Swimming, horseback riding, zip-line, rock wall, adventure tree climbing, and other outdoor activities			
The applicant has received a Tetanus Booster within the last ten years.			
Date of most recent Tetanus Booster: _____ <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 2025

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 8-9 am.

Check-out is weekdays 4-5 pm.

CIT Week(s) will be held July 14th-18th & July 21st-25th

Thank you for choosing Easterseals Iowa Camp Sunnyside!

Once you have completed this application, please send it with the \$50 non-refundable deposit to Camp Sunnyside by one of the following methods:

Email: 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 16+. 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 1:10 staff to camper ratio at all times and be independent.
- Once a camper is fully registered, a email will be sent to the confirming the week (s) they are registered for.
- A non-refundable \$50 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 \$50 deposit will be applied to the 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 66th Ave
Des Moines, IA 50014
- The full \$50 is required even if the camper will not attend the entire camp session.
- Any application turned in after July 1, 2025 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 .
- **Please remember the Day Camp Programs will maintain a strict adherence to the 5:00 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 5:00 pm – 5:10 pm. After 5:10 pm, there is an additional charge of \$1 per minute.**

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

515-309-2375 or campandrespite@eastersealsia.org.