Counselor-in-Training Leadership Program Application

Thank you for your interest in participating as a Counselor-in-Training (CIT) for Camp Rising Sun (CRS)! A CIT is an integral part of making CRS successful and fun. Counselors-in-Training are dependable, energetic and positive role models, who are willing to work hard while having a great time! If selected, you participate in a dynamic leadership program, receiving on-the-job training that will prepare you for future leadership opportunities; and will help staff oversee campers between the ages of 8-12. Most importantly, you will have the chance to make a difference in the life of a child with an Autism Spectrum Disorder.

Our Mission:
- To provide a specialized summer camp experience for individuals with autism spectrum disorder (ASD) and their peers;
- To provide an opportunity for students, volunteers, and professionals to gain experience and training while working with those diagnosed with ASD;
- To provide respite for parents and caregivers of individuals with ASD

CIT Requirements/Job Duties:
- Must be between the ages of 16-17 (age 16 by the first day of camp)
- Must attend mandatory trainings: one Saturday in May (date TBA), and the two-day staff training on Saturday May 31st at 3:30 p.m. through camper arrival on Monday, June 2nd at 9:30 a.m. and remain for camp session, June 2 through June 6
- Must provide a minimum of three letters of reference (not family members)
- Must complete an interview with CRS representatives
- Must have a doctor complete a health exam within one year (preferably 6 months) of camp
- Must comply with staff personnel policies. Please see attached position description for details

Fees:
There is a non-refundable application fee of $100 and if selected, a $225 participation fee is required to take part in the CIT leadership program. The application fee is due with the application. The remaining fee is due no later than May 1, 2014.

Camp Dates:
Saturday, May 31st through Friday, June 6th, 2014

How Do I apply to be a CIT?
Complete the attached CIT application and mail with three CIT Recommendation forms to the address listed below (CIT Recommendation form attached to application).

Camp Rising Sun
Center for Development and Disability, UNM
2300 Menaul Blvd NE, Albuquerque, N.M. 87107
1-800-877-6380 Toll Free 505-272-5142 Direct Office Line
January 3
Application forms are available online at www.camprisingsunnm.org or by calling 505-272-5142.

Application Deadline
Please complete all information in detail. Applications will be accepted until CIT capacity has been reached. To be considered complete, the application needs to include all requested information, the mandatory $100 application fee, and a photo of your child. Application fees are not deposited until a CIT is admitted to camp. If the mandatory fees are not received by their deadlines, your application will not be processed until payment is received.

May 1
Remaining balances owed for camp are due on this date. Failure to meet this deadline will result in forfeiture of CIT’s spot. Final completed health and other forms due; contact office to make other arrangements if needed.

No Refunds of camper fees after May 1

Kids Camp
June 2 - June 6, 2014
Camp Rising Sun
(Camper ages 8-12 yrs.)
(CIT ages 16-17)

A physical exam performed by a licensed physician within the past year, preferably within 6 months of camp, is required in order for your child to attend camp. Please schedule these now or at least 2 months prior to camp to ensure your child receives his/hers in time for camp.
Please attach CIT photo here.

2014 CIT Leadership Application
Camp Rising Sun
Center for Development & Disability
2300 Menaul Blvd NE, Albuquerque, NM
87107

- Kids Camp
  May 31 - June 6, 2014
  Monday-Friday
  (Camper ages 8-12 yrs.)

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Gender:  □ Male  □ Female  Years at CRS ______  Other Camp Programs Attended ______________________

Grade: _____  School:  __________________________  Contact Email:  ________________

T-shirt Size (circle one)  Adult:   S   M   L   XL   XXL   Youth:    S    M    L    XL

Ethnicity  □ Hispanic  □ Non-Hispanic

Race- Please choose all that apply to your child

- American Indian/Alaskan  □ Asian  □ Black/African American  □ Native Hawaiian/ Pacific
- Caucasian  □ Hispanic  □ Other/ Not Disclosed  □ Islander

Dietary

□ No Restrictions  □ Vegetarian  □ Vegan  □ Gluten Free

□ I have a very restrictive diet and will supplement existing meals with my own, labeled meals.

□ I would like a copy of the camp meal menu e-mailed to me approximately two weeks before camp begins.

□ I am allergic to certain foods: ________________________________

If your child needs substitute meals please plan to prepare and label all meals by date, meal, and name of child on each container.

Referral Source

- Advertisement  □ Camp Fair  □ Friends  □ Family
- Internet  □ Word of Mouth  □ School

Medical Insurance and Doctor Information:

Health Insurance Provider: ________________________________

Doctors Name: ___________________________  Phone: ___________________________
Parent/Caregiver Information (please check the box(es) indicating where the camper lives)

Parent/Caregiver One:

Name
Home Phone
Work Phone
Cell Phone
Email
Relation
Address
City State Zip County
Employer Title

Parent/Caregiver Two:

Name
Home Phone
Work Phone
Cell Phone
Email
Relation
Address
City State Zip County
Employer Title

Emergency Contact 1

Name Relationship
Home Phone Work Phone
Cell Phone

Emergency Contact 2

Name Relationship
Home Phone Work Phone
Cell Phone

Fee Schedule/Payment Plan (Please check one)

*A $100 non-refundable application fee must accompany each application to be considered complete and processed.

Option 1: Installment #1 ($112.50) Due by April 1. Installment #2 ($112.50) due by May 1.

Option 2: Entire balance ($225.00) due by May 1.

I understand the actual cost of camp is $2,000.00 and am able to donate an additional $_____

Total CIT fee is $325.00, which includes the $100.00 non-refundable application fee and the $225.00 CIT fee.
Medical Information

Has your child ever been diagnosed with a medical condition?  ____Yes  ____No

If yes, please describe: ______________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Has your child ever been diagnosed with, or have symptoms of, any of the following psychiatric conditions?

- □ ADHD
- □ Bi-Polar
- □ Depression
- □ Thought Disorder/Auditory or Visual Hallucinations
- □ Anxiety Disorder
- □ A Developmental Disorder
- □ Other: ____________________________

If you checked a box above, is your child currently being prescribed psychiatric medication or receiving behavioral health services for this condition?

___ Yes  ___ No  If yes, please describe: ______________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Please list any medications or supplements with the doses and symptoms targeted (continue on back if needed):

PLEASE NOTE: All camper medication must be written on the medical form. If medications are changed or added after the medical form is completed, WRITTEN notification is required from your camper’s PHYSICIAN. In addition, ALL medications (including vitamins and herbal or homeopathic remedies) must be sent to camp in their ORIGINAL CONTAINERS.

Medication:     Dose:    Reason for taking?
Medication:     Dose:    Reason for taking?
Medication:     Dose:    Reason for taking?
Medication:     Dose:    Reason for taking?

Has your child ever received treatment at a residential/inpatient treatment center for behavior or other concerns?

___ Yes  ___ No  If yes, describe (where, dates, length of stay, etc.):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please describe any general health problems your child has:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Does your child have any physical limitations? Please describe:

________________________________________________________________________________________
________________________________________________________________________________________

Does this limitation require specific accommodations? Please describe:

________________________________________________________________________________________
________________________________________________________________________________________

Please list all of your child’s allergies (food, medication, etc.) and the reaction:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Be thorough in your answers to the following questions:

1. Please describe what interests you most about the Counselor-In-Training Leadership Program.

2. What previous camp experience, or experience working with children, do you have?

3. What activities or experiences have you been involved in, which would reflect that you are a person of good character?

4. Please list your interests, hobbies, awards, leadership experiences, or organizations in which you belong that you feel may benefit you in performing as a counselor-in-training.

5. During this past school year, choose one person who has influenced you in a positive way and tell us why/how:

6. Do you have any experience with individuals with Autism or ASD? Please describe.
7. What do you think will be the most challenging aspect of this program?

8. What skills do you hope to attain as a result of your participation in this CIT Leadership Program?

9. What qualities make a good leader?

10. How do you define teamwork?

11. When you get overwhelmed with school or life, what three things help you?

12. Please list other information you feel important:
Applicant Verification and Release

I recognize that Camp Rising Sun is relying on the accuracy of the information contained herein. Accordingly, the above information is true and correct to the best of my knowledge.

I agree, to the best of my ability, to abide by all the policies and procedures of the organization, and to help staff I assist to protect the health and safety of the children or youth in my group at all times.

Signature: _______________________________ Date: ___________________

Printed Name: ____________________________________________

Parent/Guardian Signature: ______________________________ Date: ___________________

Parent/Guardian Printed Name: ___________________________ Relationship: ___________________________

Confidentiality Statement

As a CIT of Camp Rising Sun, I understand that confidential interactions and experiences with campers & their families will occur, as well as review of private records. Any information I obtain from the camp experience or private records is to be considered highly confidential. The use of such information is subject to normal standards of medical confidentiality. No identifying information about campers is to be revealed in subsequent discussion or writing about the camp experience. General information should not be shared other than for purposes of formal camp evaluation or professional growth.

Signature: _______________________________ Date: ___________________

Parent/Guardian Signature: ______________________________ Date: ___________________

Liability Waiver

As a CIT of Camp Rising Sun, held on the property owned by Manzano Mountain Retreat, I hereby agree to waive any claim for liability against Camp Rising Sun, Inc. or Manzano Mountain Retreat due to any injury associated with any camp activities. The undersigned is aware of potential risks and agrees that this waiver applies to: traveling to and from camp, attending the camp, and participating in any camp programs and events.

Signature: _______________________________ Date: ___________________

Printed Name: ____________________________________________

Parent/Guardian Signature: ______________________________ Date: ___________________
Parent/Legal Guardian Agreement-Camp Rising Sun

Please read this document carefully and sign below

Consent to Attend & Participate
I hereby give consent for my child (ward) to attend and participate in all programs and activities of Camp Rising Sun, Inc. a program of the University of New Mexico, through its Center for Development and Disability (hereinafter also identified as Camp). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to, ropes course, horsemanship, archery, hiking, camp out and water sports, and I understand and acknowledge that while the agents, servants, employees and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child’s (ward’s) participation in the Camp’s outdoor recreation program and other Camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all Camp programs and activities. I further consent to the Camp taking pictures, audio tapes and/or video tapes of my child (ward) participating in Camp activities and programs and the Camp’s use of same in camp publications or publicity that is in the proper interest of the Camp.

Release, Hold Harmless & Indemnity Agreement
I agree to defend, indemnify and hold harmless the Camp, The University of New Mexico and its Regents, directors, members, officers, agents, and employees harmless from and against all claims, accidents, losses, demands, suits, judgments, liens, expenses, costs, damages, court costs, and attorney fees arising out of this Agreement and my child’s (ward’s) participation in the Camp.

Authorization for Care
I hereby grant permission to, and request and authorize all physicians, nurses, and hospitals and their authorized employees and designees to perform routine diagnostic procedures and render medical care deemed necessary for my child (ward).

Financial Responsibility
I acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child (ward) for any illness or injury that he or she may sustain during Camp.

Authorization to Release Information
I authorize the Camp to furnish from my child’s (ward’s) medical records, such information as may be requested by representatives of local, state, or federal agencies, insurance companies, or other organizations for the purpose of obtaining payment for services provided to my child (ward) or as may be required for payment of benefits or claims.

Personal Property
I understand that the Camp in no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuables are not to be brought to camp.

Camper’s Name: ____________________________________________

Parent/Guardian Signature: __________________________________

Date: ____________________

Thanks for your time in completing this information!
Camp Rising Sun- CIT Recommendation Form

Applicant Name: ____________________________ Date: ________________

Reference Name: ____________________________ Date: ________________

This individual has applied for a Counselor-in-Training position (working with children with an autism spectrum disorder, ages 8-12 yrs., and their peers) at Camp Rising Sun, a residential summer camp in the South Mountains of Albuquerque. We greatly appreciate your honest evaluation of the applicant.

1. How are you associated with the applicant? ____________________________________________

2. What do you think are the strengths of the applicant? ____________________________________________

3. What do you think might be challenges for the applicant in this position? ____________________________________________

4. Would you feel comfortable leaving your child in the direct care and/or influence of the applicant? ___Yes  No Why? ____________________________________________

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Thank you for your comment: ____________________________________________

__________________________________________________________________________

__________________________________________________________________________

Camp Rising Sun
CDD/UNM
2300 Menaul Blvd NE
Albuquerque, NM  87107

__________________________________________________________________________

Signature                                      Date

The Autism Programs, Center for Development and Disability
A University Center for Excellence in Developmental Disabilities Education, Research and Service
Camp Rising Sun- CIT Recommendation Form

Applicant Name: ________________________________ Date: __________________

Reference Name: ________________________________ Date: __________________

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__________________________________________________________________________

Camp Rising Sun
CDD/UNM
2300 Menaul Blvd NE
Albuquerque, NM  87107

__________________________________________  ____________________________
Signature                                    Date
Camp Rising Sun- CIT Recommendation Form

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Thank you for your comment: _______________________________________________________

                                                                                      

Camp Rising Sun
CDD/UNM
2300 Menaul Blvd NE
Albuquerque, NM  87107

Signature ___________________________ Date __________________
Counselor-in-Training  
Leadership Program Description and Responsibilities

Reports to:  
Team Leader and/or CIT Coordinator

Position Purpose:  
To develop and cultivate leadership skills; to learn the role of a counselor (The role of a counselor is to be a primary caregiver for each camper throughout their stay at camp) by assisting other counselors in fulfilling their duties; to ensure that a positive, safe, healthy and enjoyable experience is provided to all campers, always working within the policies of Camp Rising Sun (CRS) and the American Camping Association (ACA); and gain experience in working as a member of a team.

Qualifications
- Demonstrated ability to work with children with and without special needs
- Demonstrated ability to work effectively as a member of a team  
  - Demonstrated flexibility and patience in working with others in a team  
  - Demonstrated professionalism and a positive attitude in interactions with others
- Desire and ability to work with children and adults in camp setting
- Demonstrated ability to be positive and encouraging
- Willingness to learn and develop new skills in a variety of camp settings
- 16 or 17 years of age

Essential Job Functions:
1. Facilitate a friendly, accepting and fun atmosphere - encouraging all team members to know all campers and vice versa
2. Demonstrate self-motivation and cooperation in working with all other staff  
   a. Work cooperatively and take supervision/feedback in a positive manner from all other staff  
   b. Do what a counselor, team leader or staff asks of you  
   c. Be willing to carry out jobs and duties when tired  
   d. Be aware that others needs may need to be met before yours  
   e. Be aware of your own anxiety and be willing to help yourself manage it (with facilitation)  
   f. Take initiative on tasks that relate to job duties  
   g. Be willing to ask for help when needed  
   h. Communicate concerns and questions to Team Leader
3. Actively participate during all leadership training times. Be willing to implement learned leadership skills.
4. Assist counselors in the direction, constant supervision and organization of campers throughout daily events at camp  
   a. Be familiar with the eating, toileting, sleeping and daily living routines of campers in team  
   b. Learn to implement the visual and behavior systems for each camper in team
5. Be an active participant and role model during all activities for both staff and campers  
   a. Follow and participate actively in the camp written and/or verbal program schedule  
   b. Ensure assigned campers arrive on-time at scheduled activities and facilitate their active participation  
   c. Offer emotional support, guidance and encouragement to campers - be positive!  
   d. Be willing to demonstrate various activities (ropes course, theater games, swimming etc.) when asked
6. Communicate with campers in a respectful and understandable way, keeping in mind the many different ways people communicate (spoken language, words, objects, etc.)

7. Model appropriate behavior for other counselors-in-training and counselors to emulate regarding appropriate counselor-camper interactions, counselor-counselor interactions and ways to address interpersonal or staffing concerns
   a. Know each camper assigned to your team
   b. Encourage team-mates who may be having a hard time joining the group

8. Comply with staff personnel policies
   a. Be professional and respectful to others
   b. Work cooperatively with other staff members
   c. Be on-time to group activities
   d. Physically stay with group throughout the day, except during scheduled breaks
   e. Participate in all pre-camp trainings, general staff meetings and CIT meetings
   f. Participate in general camp schedule of activities
   g. Report all incidents and accidents immediately to counseling staff and cooperate in the completion of all required follow-ups per the American Camping Association, CRS and the Center for Development and Disability policies and procedures

9. Demonstrate both physical and cognitive strength and endurance required maintain constant supervision of campers and to provide support to staff
   a. Observe campers in a variety of settings throughout the day
   b. Possess the ability to recognize a camper in distress and call for help as appropriate
   c. Oral and auditory ability to recognize a camper in distress and call for medical assistance as appropriate

10. Additional duties as assigned by Counselors, Team Leader and CIT Coordinator