



Camp Can Do at  
Gretna Glen Camp & Retreat Center  
Registration Address:  
P.O. Box 790088  
Charlotte, NC 28206  
(980) 999-0689  
registration@campcando forever.com  
www.campcando forever.org

Dear Leadership Training Applicant:

Enclosed please find an application for the Leadership Training Program at Camp Can Do 2020! The program is designed to provide further leadership training and a more hands-on approach to becoming a future camp counselor. There are two ways to apply: by way of this form and online at [www.campcando forever.org](http://www.campcando forever.org).

The timeline for the application and selection process is as follows:

Written or online applications must be received by June 1st, 2020

April/May: All applications will be reviewed and phone calls to arrange interviews will be made.

June: Interviews will be conducted at treatment centers or by telephone.

June/July: Selections made and acceptance emailed to those who applied for the program.

It is EXTREMELY important that if you have any drainage from ears, nose, and mouth or have any open wounds it must be cultured. Camp medical staff must be notified of culture results prior to attending camp. Our campers' immune systems are compromised and we need to protect their health.

Gretna Glen Camp & Retreat Center/Camp Can Do is required by law to run a Sex Offender Record Check. Please make sure that you sign the authorization form in order to run these background checks. Your social security number will be used to run the background checks and all information is kept confidential. Also, if selected, you are required to be in attendance for the duration of camp including orientation. If you live or have lived out of the state of Pennsylvania in the last 10 years you are also required to do an FBI check.

Please complete the enclosed application and return to:

Camp Can Do  
P.O. Box 790088  
Charlotte, NC 28206

Sincerely,

Camp Can Do Trustees & Apryl Miller, Director, Gretna Glen Camp & Retreat Center

# 2020 Camp Can Do Leadership Training Application

If you are able, please complete this application online at [www.campcandoforever.org](http://www.campcandoforever.org)

Policies for applying:

Applicant must be 19-20 years of age and a high school graduate in order to apply.

All **NEW** LT's must first attend the opposite week of camp from that which they **graduated as a camper**. During your second year as an LT, you will return to **the week from which you graduated**.

## Please Check One:

**Aug. 2 - Aug. 8, 2020 (Week 1)**  
**(Orientation August 1st)**

**Aug. 9 - Aug. 15, 2020 (Week 2)**  
**(Orientation August 8th)**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  Male  Female

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Have you lived in Pennsylvania for the past 10 consecutive years?  Yes  No

T-Shirt Size (Adult Sizes):  Small  Medium  Large  X-Large  XX-Large

Work/School: \_\_\_\_\_ Address: \_\_\_\_\_

Please indicate which of the following groups you prefer working with. Please designate your first and second choices. We will try to accommodate your wishes if possible.

- |                                      |                               |                                |  |
|--------------------------------------|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> 8-10 years  | <input type="checkbox"/> Boys | <input type="checkbox"/> Girls | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> 11-12 years | <input type="checkbox"/> Boys | <input type="checkbox"/> Girls | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> 13-14 years | <input type="checkbox"/> Boys | <input type="checkbox"/> Girls | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> 14-16 years | <input type="checkbox"/> Boys | <input type="checkbox"/> Girls | <input type="checkbox"/> No Preference |

Do you hold a certification in any of the following? **Please send a copy of certification card with application.**

- WSI  Life Guard Training  FIRST AID/CPR  AED

If you attended Sibling Camp as a camper, does your sibling still go to Patient Camp?  Yes  No

If yes, which week of Patient Camp will your sibling attend this year?  Week 1  Week 2

Why are you interested in participating in the Leadership Training Program?

Please list any experience working with children. Describe details including activities and age group.

What skills do you have that will benefit you in working with children in a camp setting?

What skills do you hope to develop through participation in the Leadership Training Program?

**REFERENCES:** Please list three (3) people who are not your relatives to serve as references. Please include a former employer (if you have previous work experience).

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

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

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

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Daytime phone: (\_\_\_\_) \_\_\_\_\_

Evening: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL INFORMATION:**

**Please remember that our campers are in all different stages of treatment and many campers may be immune-compromised. It is EXTREMELY important that if you have any drainage from ears, nose, mouth or have any open wounds it must be cultured. Camp medical staff must be notified of culture results prior to attending camp.**

Significant Medical History: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Dates of Hepatitis Vaccine: \_\_\_\_\_

Allergies/Reaction: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_ **CONSENT FOR MEDICAL TREATMENT: (please initial) *Gretna Glen Camp & Retreat Center and Camp Can Do are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)*** I hereby give permission to the medical personnel at Camp Can Do Camp to provide routine health care: to administer medications including those listed on the health form and common over-the-counter medications, to order X-rays, laboratory tests, and treatment; to release records necessary for medical care; and to provide or arrange necessary transportation in the event of an illness or emergency. In such an event, the Director, or designee, is authorized to act in my behalf in securing medical treatment, including hospitalization. I certify that the information provided in the medical history is to the best of my knowledge, complete and accurate. I take full responsibility for any medical problems (illness/injury) that occur as a result of my failure to disclose medical condition, restrictions, and limitations.

**AUTHORIZATION TO CHECK CRIMINAL RECORDS:**

\_\_\_\_\_ applicant authorizes the Gretna Glen Camp & Retreat Center /Camp Can Do to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a volunteer for Camp Can Do and that I expressly **DO NOT** authorize the camp, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Applicant)

I agree to stay for the duration of camp including orientation. \_\_\_\_\_(Please sign)

**Please return these forms to:**

**Camp Can Do  
P.O. Box 790088  
Charlotte, NC 28206**