



Stevenson Children's Camp Leadership Program Councilor- In-Training



Stevenson Children's Camp is pleased to announce that it will be **expanding its leadership program** to include a **Councilor-In-Training (CIT)** program available boys and girls that are 16 years old. Eight boys and eight girls will be selected through recommendations and an interview process. Recommendations are to be forwarded by teachers or support workers that are familiar with the young person and the families' present situation.

The purpose of this program is to build on skills developed in the Leader-in-Training program. We will focus on many areas throughout the three weeks and participants will be involved in a variety of workshops, self-assessment, activity planning and implementation. At the completion of the CIT program participants will have gained the 40 hours of volunteer experience needed to graduate as well as many of the skills necessary to be a successful councilor.

Our mission is to provide camp experiences for children who would not otherwise have the opportunity. Our leadership program is an extension of this goal and is available to families who are experiencing financial hardship and can benefit from this opportunity.

General Information

- There have been some changes in the format of our program this year—there will be three sessions, two weeks in duration
- **Each session will accept 4 males and 4 females**
 - Session one is July 9-13, July 16-20, and July 23-27
 - Session two is July 30-August 3, August 6-10, and August 13-17
- Participants will attend camp for **three (3) weeks** with the weekends off
- Applicants must complete attached application and questionnaire
- Two letters of reference are required—they should refer to leadership experiences in the school and community
- There will be an interview process conducted by senior camp staff and community partners from referring agencies
- If applicant is accepted they will be required to complete a full application form and there will be a registration fee of **\$300.00** for the entire 3 weeks, however this can be paid in installments if necessary.

Please do not submit money with application.

*For more information please contact:
Joe Douglas, Executive Director
519-268-7235*

**Mail applications to:
P.O. Box 39020
London, ON
N5Y 5L1**

Part 3: Medical and additional information

Camper—Name: _____ Health Card #: _____

Family Doctor: _____ Telephone: _____

Does your child have any medical history which we should be aware of (asthma, diabetes, heart problems, etc)? If so, please describe: _____

Are you sending any medication with your child to camp? Yes No (if yes, please list full details below)

Any medication (prescribed or over the counter) must be checked in with our Health Care Coordinator at registration in a current prescription container with a proper pharmaceutical label.

Drug Name	Purpose	Daily Dosage and Times Administered

Does your child have any food, environmental or medical allergies?

Description: _____

Your child’s sleeping habits: Bedwetting _____ Sleep walks _____ Nightmares _____

Your child’s swimming level: Non-Swimmer _____ Beginner _____ Average _____

Please provide details regarding any information or challenges that may affect your child’s camp experience _____

What language(s) does your child speak?: _____

Please indicate 1st and 2nd choices.

	Session 1		Session 2
	July 9- July 13		July 30- August 3
	July 16- July 20		August 6- August 10
	July 23- July 27		August 13- August 17

Parent/Guardian Signature: _____ Date: _____

YOU WILL BE CONTACTED BY CAMP STAFF FOR AN INTERVIEW

\$300.00 per three-week session. FEE SHOULD NOT ACCOMPANY THIS APPLICATION FORM

There are no other charges to attend camp. If you are unable to pay at the time of registration, please attach a note or contact the Camp to arrange for payment.

In order to protect the confidentiality and safety of all campers and staff
 –please do not send cell phones or digital cameras to camp with children.

Registrations to be forwarded to: Stevenson Children’s Camp
(ACCEPTED BY MAIL ONLY) P.O. Box 39020 London, ON, N5Y 5L1

To be completed by candidate

Have you previously attended Stevenson Children’s Camp? YES NO

If yes, what year or years did you attend? _____

What was your most positive memory of camp?

Why do you want to be a participant in the leadership program?

What strengths and skills do you have that will assist you in this program?

What do you think participating in the camp leadership initiative can offer you?

What do you hope to learn through taking part in this program?
