

January 2011



Dear Counselor-In-Training Applicant,

Enclosed, please find Application Guidelines and Program Expectations for the HDYC Counselor-In-Training (CIT) Program and an application for the HDYC CIT Program. Please read the guidelines and program expectations carefully and consider applying for the CIT Program.

The selection process for the CIT Program ensures fairness to all applicants. We have an Application Review Committee that ensures an equitable selection process for all applicants.

Please complete the application and return it to the office with two reference forms and a reference letter no later than February 23, 2011. We will be sending all applications received by that date to the Application Review Committee for selection. Please note: **any applications received after February 23rd will not be reviewed.**

We look forward to receiving your application.

Please remember: for your application to be complete, it needs the application along with two reference forms and a reference letter.

Sincerely,

Sara Lewis

Sara Lewis
HDYC CIT Program Director

Attachments: HDYC CIT Application Guidelines and Expectations
HDYC CIT Application
Reference Forms

Diabetes Education Services and Social Support Programs

P.O. Box 196 • Winfield, PA 17889-0196 • (570) 524-9090 • Fax: (570) 523-0769 • www.setebaidservices.org

THE HDYC

A SETEBAID SERVICES,[®] INC. PROGRAM

CIT APPLICATION GUIDELINES AND PROGRAM EXPECTATIONS

We thank you for your interest in the Counselor-In-Training (CIT) Program. Those applying for the CIT Program should have an interest in becoming a senior counselor; the program will be specifically geared toward diabetes resident camp counseling skill development. If you decide you are more interested in the camper aspect of diabetes camp, we encourage you to register for one of our teen camps.

What is the CIT Program?

The CIT program is, as its name suggests, a program for teens with diabetes that develops skills to be a residential camp counselor. Specifically, the program will sharpen mandatory skills that include Camper Health & Safety, Counseling Techniques, Child Psychology, and Diabetes Management. In addition to the mandatory skills that must be mastered for successful completion of the program, there are several other skills that may be included in the program. These skills may include but are not limited to, Outdoor Living Skills, Water Safety, Arts & Crafts, Camp Songs, Sports & Games for Groups, Nature, Map & Compass Skills, and Camp Ceremonies Planning Skills.

The CIT Program will also develop Leadership Skills in the trainees. These leadership skills will be useful while working with campers; the leadership skills will also be useful in school with your peers, in college with peers and in work situations as you move into the working world.

What Should Be Your Goals and Objectives for the CIT Program?

Your objective for the CIT Program should be to advance through the progressive program and to successfully master as many skill levels as possible.

How do I progress in the CIT Program?

To successfully complete the CIT program, you will be required to fully participate in the program through both the training exercises and time spent with a mentor counselor. You must reach proficiency in the mandatory skills and leadership responsibilities. In addition, you will need to demonstrate an understanding and appreciation of the diabetes camping program. We hope that you will realize that learning is continuous process which never ends; and most of all, we hope you enjoy your time in the program and have fun!

What are this year's CIT Program Dates?

The HDYC: June 18-25, 2011

Am I eligible for the CIT Program?

The CIT Program is a residential program and you must live on-site for the entire program with your fellow CITs and Counselors. This experience is an important part of the program because many important activities and duties occur early in the morning and late at night. To be eligible for the program you must be age 17 (but not yet 18) at the start of the HDYC.

When are CITs selected, what is the cost of the CIT Training and when do I have to pay?

The cost of the HDYC's one week training program is \$500. If selected, you will be notified by March 25, 2011; if you choose to accept the position, you must do so by April 1st, 2011. Once you accept the position, payment in full for the CIT Program will be due April 1, 2011. If payment is not received by that date, you may forfeit your space in the program to the next eligible applicant; if we make arrangements to hold the space for you after April 15th without payment, there will be a late fee of \$35; financial charges may accrue if the payment is more than 30 days late. All fees must be paid in-full prior to camp to participate in the program. **Financial Assistance is not available for the CIT Program. If selected to be a CIT, it is your responsibility to seek Financial Assistance from a local charity.**

What are the expectations of me while I'm in the CIT Program?

The expectation of all candidates completing applications is that you will be available for the entire CIT Program for which you are applying. And, if selected to participate in the program, you are expected to perform to the best of your ability, participate whole-heartedly in the program and in all camp activities. All CITs will be expected to follow all camp rules and policies. CITs will be expected to show respect for the staff and will follow the medical staff's guidelines and instruction for the treatment of your diabetes.

The Application and How CITs are Selected

You are invited to complete the attached application for a CIT position if you agree to meet the expectations as described above. **All applications should be handwritten by the applicant. They should be returned to: Setebaid Services,® Inc., P.O. Box 196, Winfield, PA 17889-0196 by February 23, 2011.**

Once the applications are received, your name, address, and phone number will be removed and the application will be sent to each member of the selection committee. The selection committee members will individually review and score each application. A scoring sheet will tabulate numeric scores for each question, and provide a total score for the application. Those applications with the highest scores will qualify the applicant for an interview.

Following the interviews of the top candidates, positions will be offered to those selected by the CIT Selection Committee. The CIT Director will contact those selected and offer them first choice for the CIT Program. After all positions are filled, all other applicants will be informed that all positions were filled by the CIT Director. All applicants should receive notification by April 15th, 2011.

These guidelines for the application are an integral part of the application process. By signing the application, you are stating that you understand the expectations listed above and you agree to meet all expectations of the program to the best of your ability.

SETEBAID SERVICES,[®] INC.
COUNSELOR IN TRAINING APPLICATION

Applicant: Please legibly handwrite your answers when completing the following application. Return to the Setebaid Services[®] office no later than February 23, 2011.

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone number: (____) _____ - _____ Date of Birth: ____ / ____ / ____

1. Have you ever been to a diabetes camping program before? If yes, where? How many years?
2. Do you have any experience dealing with children? (i.e. babysitting, coaching) In what capacity?

3. Describe the management of your diabetes.

4. How would you teach young children about good diabetes management?

5. Describe your personal goals you hope to accomplish through the CIT Program.

For which camp are you applying?

HDYC (June 18-25, 2010. Cost \$500)

Camp Setebaid[®] (July 17-23, 2011 and August 6-12, 2011. Cost \$1,100.)

6. What type of school / community activities are you involved in? Please explain your role in these activities.

7. Are you employed? If yes, what is your position/role at your employment?

8. Why do you want to become a CIT?

Please list three references. Two forms are included that must be completed and returned from 2 of your references listed below. A written letter is required from your third reference listed below.

_____	_____	_____
Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
City / State / Zip Code	City / State / Zip Code	City / State / Zip Code
() - _____	() - _____	() - _____
Phone Number	Phone Number	Phone Number

I, the applicant listed above, and my legal guardian signing below, hereby give Setebaid Services,® Inc., its staff, and volunteer staff the right to verify the information listed above; we authorize them to contact those listed as references. I, the applicant, have read the cover letter, Overview, CIT Application Guidelines and Program Expectations, and understand what is expected of me and agree to the terms of the program if I am selected; I have completed this application myself and have answered all questions on this application completely, truthfully, and to the best of my ability. I am available for the entire CIT Program selected above.

Applicant: _____ **Date:** _____ / _____ / _____
Signature *Month Day Year*

Parent or Guardian: _____ **Date:** _____ / _____ / _____
Signature *Month Day Year*



SETEBAID SERVICES,[®] INC.
 P.O. BOX 196
 WINFIELD, PA 17889-0196
 (570) 524-9090
 FAX: (570) 523-0769

VOLUNTEER AND STAFF REFERENCE FORM

This form may be returned in a sealed envelope to the applicant to be returned with their application, or it may be mailed directly to Setebaid Services[®], Inc. at the address to the left.

To Be Completed By The Applicant

Applicant's Name: _____

Position Applied For: _____

Setebaid Services[®], Inc. operates residential camps for children and teens aged 3-18, with diabetes. The person listed above has applied for a resident volunteer or staff position. Please help us by completing this form for the applicant listed above.

The applicant, by signing below, releases you from any liability for completing this reference request truthfully.

X _____ Date: ____ / ____ /20

Applicant's Signature

To Be Completed By The Reference

Reference: *(Please print neatly or type.)*

Name: _____ May we contact you for additional information? Yes No

Address: _____ Phone: (____) _____ - _____

_____ Email: _____

In what capacity do/did you know the applicant? _____

How long have you known the applicant? _____

If you employed the applicant, is he/she eligible for re-hire? Yes No Not Applicable

Please rate the applicant in the following areas by circling the most appropriate:

Judgment	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Creativity	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Role Model	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Enthusiasm	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Leadership	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Initiative	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Integrity	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Responsibility	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Flexibility	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Awareness	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>

Do you think the applicant is appropriate for the position listed above? Yes No

Do you recommend the applicant for the position listed above? Yes No

To the best of your knowledge, is this applicant prohibited from working with children? No Yes

I am the reference listed above and have answered these questions truthfully and to the best of my knowledge and ability.

Signature: X _____

Date: ____ / ____ /20



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Role Model	Excellent	Very Good	Good	Satisfactory	Needs Improvement
Enthusiasm	Excellent	Very Good	Good	Satisfactory	Needs Improvement
Leadership	Excellent	Very Good	Good	Satisfactory	Needs Improvement
Initiative	Excellent	Very Good	Good	Satisfactory	Needs Improvement
Integrity	Excellent	Very Good	Good	Satisfactory	Needs Improvement
Responsibility	Excellent	Very Good	Good	Satisfactory	Needs Improvement
Flexibility	Excellent	Very Good	Good	Satisfactory	Needs Improvement
Awareness	Excellent	Very Good	Good	Satisfactory	Needs Improvement

Do you think the applicant is appropriate for the position listed above? Yes No

Do you recommend the applicant for the position listed above? Yes No

To the best of your knowledge, is this applicant prohibited from working with children? No Yes

I am the reference listed above and have answered these questions truthfully and to the best of my knowledge and ability.

Signature: X _____

Date: ____ / ____ /20