



HERTKO FUTURE LEADER APPLICATION
Counselor in Training (CIT)
Must be 17 yrs. of age

Name _____ Home # _____ - _____ - _____ Cell # _____ - _____ - _____

Street _____ City _____ State _____ ZIP _____

Email _____ Birthdate _____ - _____ - _____ Age _____ (As of July 26th)

Current grade in school _____ Male _____ Female _____ Date of Application ____/____/20____

Have you participated in Camp Hertko Hollow's LIT program? Yes _____ No _____

Do you have diabetes? Yes _____ Type 1 or 2? _____ At what age were you diagnosed? _____ No _____

Statement of Understanding:

In applying for the Hertko Future Leader program as a CIT, I am aware that my status during the week at CHH is camper. My role at camp will allow me to stay in a cabin during kid's week and shadow CHH camp counselors to comprehend and experience first-hand experience in my future role as a diabetes camp counselor at CHH when eligible. I will focus on the camper's in my cabin with the guidance of the CHH camp counselors and HFL coordinator. My goal will be to demonstrate my desire to help kids with diabetes and use my leadership skills to impact those around me in a positive way.

Signature of applicant _____

Please thoroughly answer the following questions on a separate piece of paper(s) and return with this application.

ESSAY/Questions

1. How do you think being a CIT is different from your previous years as a camper?
2. What impact do you hope to have on the campers in your cabin as a CIT?
3. What leadership skills you have developed over the years that will help you stand out as a CIT?
4. What are your future plans in helping kids with diabetes?

Work: Paid/Not-Paid/Volunteer

Employment (if any)/Work Experiences (volunteer or paid): include name of company, date of employment, job duties & assignments.

Activities/Organizations/Club Responsibilities

Please list all that apply; date and length of time, and what your role or duty was with each organization.

References

Please have two people write a reference letter to support your application. One of those references must be from your physician, school nurse, or Diabetes Educator. The other should be a work, educational, or personal source such as a volunteer organization leader or a coach (not a relative).

Mail or FAX the information back to:

Camp Hertko Hollow, Inc.
Hertko Future Leader Director
501 Grand Ave, Des Moines, IA 50309
FAX to: 515-288-2531
Questions? Toll Free: 855-502-8500 or 515-471-8547