

Established in 1973



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Counselor and Staff Application

Please complete the following application.

Your application will be reviewed by our staff and you will be contacted as soon as a decision is made.

Counselor selections will not be made until March 1.

All information received will remain confidential.

Last Name: First Name: Age: Male Female

Home Address: Birth Date: (mm/dd/yyyy)

City: State: Zip Code: Phone Number:

E-mail: Shirt Size

Emergency Contact: Emergency Contact Phone Number:

Number of years at Indiana Deaf Camp? Were you a previous camper? Yes No Are you:

Signing Skills: Education Level:

What is your experience with the Deaf community?

Are you a/an:

CODA
 Interpreter
 Both

Are you interested in interpreting for programs during camp?

Voice to ASL
 ASL to Voice
 Both

Where do you work?

General Health: (Select all that apply by holding shift + mouse).

Allergies
 Asthma or Shortness of Breath
 Diabetes
 Heart Problems
 Seizures

Current Medications:

Please make your first and second group choice.

We will try our best to place you within your first and second group choice, however, we may need to change you to another group if you are needed elsewhere. We appreciate your flexibility.

My first group choice

My second group choice

List any special skills (nurse, **lifeguard**, photography, etc.):

Do you have a CDL?

Yes

No

Are you willing to drive?

Yes

No

How did you find out about Indiana Deaf Camp?

Why do you want to come to Indiana Deaf Camp?

Since you are applying for a counselor/staff position with the Indiana Deaf Camp Foundation, a police background check will be conducted. All information we receive about you is confidential. No information will be shared with anyone.

Signature:

Office Use

Application Received

Background Check Received

Accept

Decline

Group Assigned

Letter Sent

Handbook Reviewed

Notes

