

Established in 1973



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Counselor-in-Training Application

This is a training program that teaches leadership and communication skills while having fun.

Cost is \$300. If you have been a camper, the program is free.

Please complete the following application.

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: Are you interested in interpreting for programs during camp?

Where do you work?

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

Current Medications:

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

How did you find out about Indiana Deaf Camp?

Why do you want to come to Indiana Deaf Camp?

Since you are applying for the counselor-in-training program 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

