

Staffing Application for Camp Chris Williams Michigan Coalition for Deaf and Hard of Hearing People



Today's Date: _____ Year you are applying for: 20 _____
Deadline for staff applications is May 1st every year.

Please indicate the position(s) you are applying for:

(Must be 18 years old minimum, 16 years for CIT)

- Camp Counselor
- Counselor-in-Training (CIT) (unpaid, \$150 fee applies)
- ASL Interpreter
- ASL immersion student (unpaid, \$300 fee applies)
- Personal Assistant (unpaid, arrangements made with camper family)
- Activity Coordinator (Art, Olympics, Story time, etc.) _____
- Other _____(nurse, volunteer., etc)

Name: _____
Last First Middle

Address: _____
Street City State Zio

Telephone :(_____)_____ Cell: (_____)_____ V/TEXT

E-mail: _____ TTY /VCO/CapTel (circle preference)
 Videophone # _____

Circle Gender: M F Date of Birth:
 (mm/dd/yyyy)_____/_____/_____

Social Security #_____-_____-_____ Licensed to Drive? Y N If so, what state?_____

Drivers License or State ID #_____

Please check all that apply to you:

- Deaf (use ASL as primary communication)
- Hard of Hearing (HoH) (use amplification and speechreading as primary communication)
- Wear hearing aid(s)
- Use Cochlear Implant(s)
- Hearing
- CODA (child of Deaf /HoH)
- SODA (sibling of Deaf/HoH)
- Have worked with Deaf or HOH (please circle which)
- Have worked with children

Please tell us about your communication skills:

- Can use ASL fluently
- Can use Signed Exact English fluently
- Can use Cued Speech fluently
- Knows some signs, but not fluent
- Can SimComm (sign and talk at same time)
- Accustomed to looking at people in the eye when you talk
- Easy to speechread (use clear speech and move mouth adequately, do not mumble)

Have you had any felony convictions?

- Yes
- No

Permission to verify with a police and background check?

- Yes
- No

Out of state applicants who are selected must pay for and have results submitted to MCDHHP for their own criminal background checks from their home and college states.

EDUCATIONAL BACKGROUND:

	Name and Address of school	Years Completed	Degree and Date Obtained	Type of Degree or Diploma
High School				
Undergrad College or Trade School				
Graduate or Professional Schooling				
Other special Training, Please specify				

I authorize MCDHHP to verify my education and credentials with any of the institutions I have listed.
 Circle: Yes No

Certificates and Qualifications: Circle all areas in which you have certifications.)

Water Safety Life Saving First Aid CPR Other: _____

Sign Language certifications: BEI I BEI II BEI III RID/NIC Other: _____

Instructional Certifications: _____

Have you taken deaf culture or sign languages classes? Yes No

Do you have knowledge about Assistive Hearing Devices? Yes No What types? _____

How many years of experience you have had with: Signing? _____ Assistive Devices? _____

Check positions you have held in the past: (Not just with MCDHHP or MADHHP.)

- Overnight camp counselor
- Day camp counselor
- Coach
- Teacher Aide
- Activity Coordinator
- Other (Explain)

EMPLOYMENT HISTORY:

List prior employers, not including MCDHHP, MADHH or Lions Bear Lake Camp starting with the most recent one first. List related positions, paid or volunteer which you have had. We are interested in experience with youth.

Employer Name and Address/phone	Job title / supervisor / dates worked	Work duties performed:
employer: address: phone:()	job: Supervisor: Dates worked:	
employer: address: phone:()	job: Supervisor: Dates worked:	
employer: address: phone:()	job: Supervisor: Dates worked:	

Have you worked with MCDHHP, MADHH or Lions Bear Lake Camp before? Yes No

If so, please list dates and position:

If so, who did you report to?

PERSONAL REFERENCES:

Please list at least three non-related individuals who can verify your qualifications for this position.

Name/address	Phone number and email	Known for how long	Relationship? (Friend, coworker, neighbor)

Do you authorize MCDHHP to contact the employers and references above? YES NO

Which of the following activities would you be interested in coordinating? Please select two:

- Arts and Crafts
- Campfire Storytelling
- Drama
- Games
- Outdoor/Nature Activities
- Recreation Activities (sports)
- Scavenger Hunt
- Scrapbook of the week's events
- Mini-Olympic Games
- Other _____

What groups of children are you most interested in working with: indicate all that are applicable:

Deaf Hard of Hearing CODA/SODA Ages: (8-10) (11-12) (13-14)

Discuss the qualifications, skills and abilities you possess that will allow you to effectively work and communicate with deaf and/or hard of hearing children. (use separate page if necessary.)

Why would you like to become a part of our summer staff?

Explain what you think the duties and responsibilities are as a member of the staff?

How do you think you could benefit from the program(s) and how could we benefit from you?

Counselors-In-Training applicants:

Provide a one page essay on “What Responsibility Means to Me.”

Activity Coordinators:

Provide an outline or plan of the activity(ies) you would like to coordinate.

Interpreter Immersion Student applicants:

Provide a 1-3 page essay on what you hope to accomplish if selected for this week, and what steps you plan to do to immerse yourself within the camp. (You will not be allowed to interpret, nor will you be allowed to sit back and observe for the week.)

Questions: call or email: (586) 778-4188 or e-mail: campchris@michdhh.org

Checklist : Please send the following:

- **This form signed at the bottom**
- **Completed application**
- **Resume if you have one**
- **2 letters of recommendation - if you have not worked with Camp Chris this past year.**
- **First time CITs only: one page essay on “What responsibility means to you”.**
- **Activity Coordinators only: outline or plan of the activity you wish to coordinate.**
- **Interpreter Immersion Students: Essay & immersion plan.**
- **Personal Assistant: Please fill out the PA form to let us know which camper you will be assisting and that you agree to the additional policies for PAs/.**

To:

*Camp Chris Williams Employment
22324 Harper Ave.St.
Clair Shores, MI 48080*

Important Notes:

Staff is generally selected by June 1st. Additional staff may be selected after that date if additional campers apply or another staff cannot fulfill the requirement. Please indicate your willingness to be a selected later if there are not enough campers by June 1st. Yes No

If selected, you agree to be available the day before camp starts (Saturday) for mandatory state training and team-building exercises. If you are unavailable for the training, you are ineligible to work at the camp. Additional forms will be required for all staff selected for participation for Camp Chris.

RELEASE STATEMENT:

The information I have provided is true and correct. I understand that incomplete or false information will disqualify me from consideration for the position I am interested in. I authorize MCDHHP to conduct a routine inquires during the processing of my application to provide information necessary to determine my suitability for the position I am interested in. I further understand that this information will be shared with members of the selection committee for evaluation purposes. In signing this application, I hereby for myself, my heirs, executors and administrators waive, release, and forever discharge any and all rights and claims for damages which I may have now or which may accrue to me as a result of participation in this program, against MCDHHP, their agents, representatives, successors and assigns. I further agree to abide by the rules of this program. Signing below also gives MCDHHP permission to use my likeness and image in any video, photos or other media taken while engaged in activities of which I am applying for. I further state that I have read this release and waiver and fully understand this release and waiver and I am signing of my own free will and volition.

Signed: _____ Date: _____

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