

CAMP SERTOMA



2017 Camp Sertoma Staff Application

An Equal Opportunity Employer

June 25-30, 2017 @ Millstone 4-H Center • 1296 Mallard Dr • Ellerbe, NC, 28338

www.facebook.com/SertomaDeafCamp

Submit all applications to: campsertomanccordinator@gmail.com

All applicants must be 18 years of age or older.

****NOTE: This a NEW Camp Sertoma staff application for 2017.****

APPLICANT

Full Name _____ Name you prefer _____

PERMANENT/HOME ADDRESS

Street _____ City _____ State _____ Zip _____

Phone Number (include area code) _____ E-mail Address _____

TEMPORARY/SCHOOL ADDRESS

Use the school/temporary address below to contact me from ___/___/___ through ___/___/___

Street _____ City _____ State _____ Zip _____

Phone Number (include area code) _____ E-mail Address _____

EMPLOYMENT INFORMATION

I am applying for:

- | | |
|---|---|
| <input type="checkbox"/> Cabin Counselor | <input type="checkbox"/> Outdoor Living/ Orienteering Coordinator |
| <input type="checkbox"/> Adventure Camp Counselor | <input type="checkbox"/> Adventure Camp Coordinator |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Camp Coordinator/ Assistant Coordinator |
| <input type="checkbox"/> Other _____ | |

Have you ever been employed by Sertoma Deaf Camp? No Yes - When? _____

Current Employer _____ Current School (if applicable) _____

DEGREES

List any degrees you have obtained. Minimal requirement for this position is a HIGH SCHOOL diploma or equivalent, with the exception of CIT (Counselor-In-Training) positions.

Degree	Institution	Year Obtained	Area
High School			
Associates			
Bachelor's			
Master's			
Advanced Degree			
Other Certification			

CERTIFICATIONS

List any certificates or licenses that pertain to camp life. For example, interpreter licenses, CPR training, life guard, etc. Certificates are not required for this position.

Certification/Licensure	Date of Training	Expiration Date	Copy Provided (Attach to application)

PAST CAMP EXPERIENCE

Please list any past experiences working at a camp. Include the years worked and the type of camp environment. For example, if you worked at "Camp Fun" in 2007 at your local parks and recreation you would list "Camp Fun, 2007, Community Camp." Camp experience is not required for this position.

Camp	Years	Type of Camp

EXPERIENCE WITH CHILDREN

Please list any related experiences working with children. Include the years worked and the type of environment. For example, if you worked as a resident advisor in your school's dorm last year, you would list "Resident Advisor, 2015-2016, Monster's University." Outside experience is not required for this position, however past work with children is favorable.

Related Experience	Years	Type of Environment

ASL EXPERIENCE

ASL Skills. Please rank your ability to use American Sign Language.

___ Basic Communication—This is the equivalent of ASL 1. You have a basic vocabulary, you have basic understanding of fingerspelling, signs, and culture. You could carry on conversation related to school, family, and hobbies, but would not feel comfortable translating or facilitating between a signer and a non-signer. You are still nervous about signing in front of deaf ASL users.

___ Conversational Communication—You can easily carry a conversation on familiar topics between adult sign language users, but would have difficulty if asked to voice for a non-signer. Your vocabulary is extensive, but not advanced and technical vocabulary is not advanced. This is the equivalent of ASL 2-3 course work. You are nervous, but can put those nerves aside to converse with deaf people.

___ Advanced Communication—You can easily carry on a conversation with native users with ease. You easily translate between ASL users and SEE users. You could comfortably sign or voice for a Deaf user, with minimal error. Communicating with deaf people is natural.

___ Native Language—You are a Deaf person or CODA who uses ASL as a primary home language. If growing up as a CODA, your ASL could easily be mistaken for Deaf rather than hearing.

REFERENCES

Please list 4 references, individuals who can make a statement regarding your work experience, character and ability. Please do not include relatives or fellow students. We must have complete information on each reference including street, zip code and phone number(s).

Name	Address/City/Zip	Phone (including area code)

ADDITIONAL APPLICANT INFORMATION *(Please use additional paper if necessary.)*

What do you imagine will be your greatest difficulty in working in a program of this nature?

What do you consider your life's most important values (in order of priority) and why?

List any extracurricular activities (i.e. school, church, volunteer organizations):

Please share any additional information about yourself that illustrates how you would be an ideal candidate for a camp staffing position:

As a staff member at this one-week camp, you will be giving up a great deal of privacy and comfort, working long and demanding hours, adhering to camp policies which may be limiting (curfews, time on, time off, lack of privacy, no smoking, no drinking alcohol, etc.) Do you anticipate any problem complying with this type of lifestyle? Yes No

ADDITIONAL INFORMATION

These positions require that applicants be age 18 or older.

Are you at least 18 years of age: Yes No

I affirm that all information given is correct to the best of my knowledge.

Signature of Applicant

Date

If you were recommended to us, please fill in person's full name: _____