CAMP SERTOMA for Deaf and Hard of Hearing Children at Millstone 4-H Center

2022 Counselor in Training Application

An Equal Opportunity Employer

July 31-Aug 5, 2022 @ Millstone 4-H Center ● 1296 Mallard Dr ● Ellerbe, NC, 28338 www.facebook.com/SertomaDeafCamp

Submit all applications to: campsertomanccoordinator@gmail.com

All applicants must be 17 years of age.

NOTE: This a NEW Counselor in Training application for 2022.

Application deadline: May 1, 2022

APPLICANT						
Full Name			Name you prefer			
School			Grade			
HOME ADDRESS						
Street		City	City		Zip	
			E-mail Address			
EMPLOYMENT INFORMA	ATION					
I am applying for:						
☐ Counselor in Traini	ing					
Have you ever attended S	ertoma Deaf Camp'	? □ No □ Yes	- When?			
PAST CAMP EXPERIENCE Please list any past experi		of camp. Camp expe	erience is not require	ed for this nosi	ition	
Camp		Years			Type of Camp	
			I			
EDUCATION						
List any education you ha						
Diploma/GED	Institu	ution	Year Obtained		Area	
High School						
CERTIFICATIONS	and a language of the F		alalas life a sail at			
List any certificates that po					opy Provided	
Certification		Date of Training	Expiration Date		ch to application)	

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, putting the needs of campers first, etc.) Do you anticipate any problem complying with this type of lifestyle? \square Yes \square No

Why do you want to be a CIT?	N (Please use additional paper it nec	essary.)		
What kinds of leadership and/or camping ex	xperiences have you had, if any?			
List any extracurricular activities (i.e. school	I, church, volunteer organizations):			
Please share any additional information abstaffing position:	pout yourself that illustrates how you	u would be an ideal candidate for a camp		
ASL EXPERIENCE				
ASL Skills. Please rank your ability to use A				
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—language users, but would have difficult advanced and technical vocabulary is nervous, but can put those nerves aside	ty if asked to voice for a non-signer. ` ot advanced. This is the equivalent o			
Advanced Communication—You of translate between ASL users and SEE of error. Communicating with deaf people	users. You could comfortably sign or	th native users with ease. You easily voice for a Deaf user, with minimal		
Native Language—You are a Deaf up as a CODA, your ASL could easily b	person or CODA who uses ASL as a e mistaken for Deaf rather than hear			
REFERENCES				
Please list 3 references, individuals who can please do not include relatives or fellow a street, zip code and phone number(s).				
Name	Address/City/Zip	Phone (including area code)		
		_		
ADDITIONAL INFORMATION				
These positions require that applicants & Are you 17 years of age:	be age 17. □ No			
I affirm that all information given is corre	ect to the best of my knowledge.			
Signature of Applicant	Date			
Signature of Parent/Guardian		 Date		