

Office of Deaf and Hard of Hearing Services  
**Camp SIGN Application for Counselors**

Complete this application and return it to:  Office of Deaf and Hard of Hearing Services P.O. Box 12904 Austin, Texas 78711	If you have questions, contact us at:  Phone: (512) 982-1709 Fax: (512) 438-4777 Email: <a href="mailto:dhhs.training@hsc.state.tx.us">dhhs.training@hsc.state.tx.us</a> Website: <a href="https://hhs.texas.gov/services/disability/deaf-hard-hearing">hhs.texas.gov/services/disability/deaf-hard-hearing</a>
Position for which you are applying: Enter 1 to select first choice and 2 to select second choice. <input type="checkbox"/> Counselor ____ <input type="checkbox"/> Lead Counselor ____ <input type="checkbox"/> Junior Counselor ____ <input type="checkbox"/> Activity Counselor ____	

**Applicant Information**

Last Name:	First Name:	Date of Birth:	Age:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Email Address:		
Home phone:	Work phone:	Cell phone:	
Address:	City:	State:	ZIP Code:
T-shirt (adult size): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL			
Status of hearing loss: <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Hearing <input type="checkbox"/> Other			
Method of communication: <input type="checkbox"/> American Sign Language <input type="checkbox"/> Signed Exact English <input type="checkbox"/> Sign Language <input type="checkbox"/> Other (specify):			

**Evaluation Criteria**

**Communication Skills (Possible Points: 35)**

Check all that apply to your skills. (Excellent = 5 points, Good = 3 points, Fair = 1 point)

**Expressive Skills**

American Sign Language (ASL)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A
Signed Exact English (SEE)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A
Spoken English	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A

**Receptive Skills**

American Sign Language (ASL)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A
Signed Exact English (SEE)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A
Speech Comprehension	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A
Lipreading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> N/A

**Camp Skills (Possible Points: 30)**

In the following list, check all that apply.

(OPTIONAL) Add a 'T' or 'C' next to the appropriate activities.

**T:** Activities that you can organize and teach as an expert [1 point per activity].

**C:** Activities for which you have a related certification; you must include a copy of your current certification [2 points per activity].

- Archery \_\_\_\_\_  Karate \_\_\_\_\_
- Arts and crafts \_\_\_\_\_  Sports: Specify \_\_\_\_\_
- Drama \_\_\_\_\_  Swimming \_\_\_\_\_
- Fitness and exercise \_\_\_\_\_  Team building \_\_\_\_\_
- Hiking \_\_\_\_\_  Other: Specify \_\_\_\_\_

**Additional Certifications (Possible Points: 8)**

If you have one or more of the following, please provide a copy of your current certification(s).

Cardiopulmonary resuscitation (CPR)  Yes [2 pts]  No [0 pts]

First aid  Yes [2 pts]  No [0 pts]

Water safety instruction or lifeguard  Yes [2 pts]  No [0 pts]

Other:  Specify \_\_\_\_\_  Yes [2 pts]  No [0 pts]

**Essay #1 (Possible Points: 15)**

What kind of role model do you think you would be? How will you serve as this role model? Attach an additional sheet of paper if necessary.

**Essay #2 (Possible Points: 15)**

Write a brief biographical sketch, including specialized training in camping and experience or training in other fields related to the position(s) for which you are applying. Attach an additional sheet of paper if necessary.

**Education Information**

Name of school, city, state	Diploma or major, type of degree, and year	Years attended

### Employment and Camp Staff Experience

List most recent position first. Include any camp staff positions.

Camp counselor experience: 1-3 years [7points] 4-9 years [8 points] 10+ years [10 points]

Start date:	End date:	Position:	Business/Camp name and location:
Supervisor's name:		Supervisor's email address:	Supervisor's phone number:
Description of job responsibilities:			
Start date:	End date:	Position:	Business/Camp name and location:
Supervisor's name:		Supervisor's email address:	Supervisor's phone number:
Description of job responsibilities:			
Start date:	End date:	Position:	Business/Camp name and location:
Supervisor's name:		Supervisor's email address:	Supervisor's phone number:
Description of job responsibilities:			

### References

List three people who know you and your abilities. Do not include family members.

Name (first and last)	Relationship	Email address	Phone No.

### Signature

I certify that to the best of my knowledge the information given in this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_