



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) 410-0978
Fax: (512) 407-3299
Email: dhhs.training@hpsc.state.tx.us
Website:
<https://hhs.texas.gov/services/disability/deaf-hard-hearing>

Position for which you are applying: enter 1 to select first choice and 2 to select second choice.

- Counselor Counselor and cabin coordinator Nurse
 Junior counselor Counselor and activity leader Other: Specify:

Applicant Information

Last name:	First name:	Birth date:	Age:
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Enter X to select sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address:
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Address:	City:	State:	ZIP code:
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Home phone: ()	Pager: ()	Work phone: ()	Cell phone: ()
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Enter X to select one from each of the following categories.

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 impaired <input type="checkbox"/> Cochlear implant <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"/> Oral <input type="checkbox"/> Other (specify):	Expressive skills: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Receptive skills: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
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Evaluation Criteria

Qualifications should reflect the job functions of the position for which you are applying. Each section may be awarded points up to the amount listed.

Camp Experiences (Possible Points: 15)

Counselor [5 pts]	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many years? <input type="checkbox"/> 1-3 [2 pts] <input type="checkbox"/> 4-9 [3 pts] <input type="checkbox"/> 10+ [5 pts]
Counselor-in-Training (CIT) [3 pts]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Camper [2 pts] <input type="checkbox"/> Yes <input type="checkbox"/> No

Communication Skills (Possible Points: 50)

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

Expressive Skills ASL [5 pts] Excellent Good Fair SEE [3 pts] Excellent Good Fair ORAL [2 pts] Excellent Good Fair**Receptive Skills** ASL [5 pts] Excellent Good Fair SEE [3 pts] Excellent Good Fair ORAL [2 pts] Excellent Good Fair**Lipreading Skills (Possible Points: 4)** Excellent [4 pts] Good [3 pts] Fair [1 pt]**Camp Skills (Possible Points: 30)**

In the following list, check all that apply.

T: activities that you can organize and teach as an expert [2 points per activity]**A:** activities in which you can assist [1 points per activity]**C:** you have a related certification; include a copy of your certification [3 points per activity] Archery T A C Karate T A C Arts and crafts T A C Sports:
Specify _____ T A C Drama T A C Swimming T A C Fitness and exercise T A C Team building T A C Hiking T A C Other:
Specify _____ T A C**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?

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

Employment Experience			
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List most recent position first.

Start date:	End date:	Position:	Business name and location:
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Supervisor's name:	Supervisor's telephone number: ()
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Description of job responsibilities:

Start date:	End date:	Position:	Business name and location:
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Supervisor's name:	Supervisor's telephone number: ()
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Description of job responsibilities:

Start date:	End date:	Position:	Business name and location:
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Supervisor's name:	Supervisor's telephone number: ()
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Description of job responsibilities:

Start date:	End date:	Position:	Business name and location:
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Supervisor's name:	Supervisor's telephone number: ()
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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 number

Signature

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

Signature:

X

Date: