



**Camp SIGN Application for  
Counselor-in-Training (CIT)**

Complete this application and return it to:      If you have questions, contact us at:

Office of Deaf and Hard of Hearing Services      (512) 410-0978  
P.O. Box 12306      Fax: (512) 407-3299  
Austin, Texas 78711      Email: [dhhs.training@hhsc.state.tx.us](mailto:dhhs.training@hhsc.state.tx.us)  
Website:  
<https://hhs.texas.gov/services/disability/deaf-hard-hearing>

**CIT Applicant Information**

Print clearly. This form must be filled out by the applicant, not by a parent or teacher.

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

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	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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**Education Information**

Enter X to select one:     Still in high school     Graduated with diploma

Name of School	City	State	Year of diploma	Number of years attended

### Employment Information

List most recent position first. Include volunteer work and babysitting.

Start date:	End date:	Position:	Business name:	Location:
Supervisor's name:			Supervisor's telephone: (    )	
Start date:	End date:	Position:	Business name:	Location:
Supervisor's name:			Supervisor's telephone: (    )	
Start date:	End date:	Position:	Business name:	Location:
Supervisor's name:			Supervisor's telephone: (    )	
Start date:	End date:	Position:	Business name:	Location:
Supervisor's name:			Supervisor's telephone: (    )	

### Camp Experience

Camp name, city, and state:	Date	Camper	CIT
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Have you attended Camp SIGN before? Enter X to select.

No    As a camper    As a CIT   If you have attended, in what years did you attend?

### References

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

Name	Relationship	City, state	Phone number
			(    )
			(    )
			(    )

If you are accepted to be a CIT, which group would you prefer to work with? Enter 1 to select your first preference, and 2 to select your second preference.

8- and 9-year-olds                       10- and 11-year-olds

If you are chosen to work with an activity coordinator, in which group would you be interested?

Enter X to select all that apply:  Arts and crafts    Archery    Drama    Karate  
 Swimming    Horseback riding    Other (canoeing or sports)

Write an essay of at least 150 words about why you want to become a counselor-in-training at Camp SIGN.

**Signature**

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

Applicant's signature:

**X**

Date:

Parent's or guardian's signature:

**X**

Date: