



**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) 407-3299  
Email: [dhhs.training@hhsc.state.tx.us](mailto:dhhs.training@hhsc.state.tx.us)  
Website: [hhs.texas.gov/services/disability/deaf-hard-hearing](http://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     Lead Counselor     Junior counselor     Activity Counselor

**Applicant Information**

Last name:	First name:	Birth date:	Age:
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Enter x to select gender: <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: (    )	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 <input type="checkbox"/> Other	Method of communication: <input type="checkbox"/> American Sign Language <input type="checkbox"/> Signed Exact English <input type="checkbox"/> Spoken English <input type="checkbox"/> Other (specify):
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**Evaluation Criteria**

**Communication Skills**

*Check all that apply to your skills.*

**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

<b>Receptive Skills</b>								
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
<b>Camp Skills</b>								
<i>(OPTIONAL) Put a 'T' and/or 'C' next to the activities that:</i>								
<i>T: activities that you can organize and teach as an expert:</i>								
<i>C: activities that for which you have a related certification; you must attach a copy of your <b>current certification</b>:</i>								
Archery		Hiking		STEM				
Arts and crafts		Horseback riding		Swimming				
Drama		Karate		Team building				
Field Sports: _____		Lake Activities		Yoga				
Fitness and exercise		Leadership Training		Other: _____				
<b>Additional Certifications</b>								
<i>If you have one or more of the following, please provide a copy of your current certification(s).</i>								
Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
First aid	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Water safety instruction or lifeguard	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Other: <input type="checkbox"/> Specify _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<b>Essay #1</b>								
What kind of role model do you think you would be? How will you serve as this role model? <i>Attach an additional sheet of paper if necessary.</i>								
<b>Essay #2</b>								
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. <i>Attach an additional sheet of paper if necessary.</i>								

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 positions on camp staff.**  
**Camp Counselor Experience:**

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

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

Start date:	End date:	Position:	Business/Camp name and location:
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Supervisor's name:	Supervisor's email or phone 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, and that I will follow the policies of Camp Sign.

Signature: <b>X</b>	Date:
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