



Camp SignShine
999 Pyramid Way Sparks, NV 89431
Phone (775) 355-8994 • FAX (775) 355-8996 • VP (775) 434-0290
campsignshine@dhharc.org

Camp SignShine dates: July 17th - 23rd, 2011

To apply:

- Complete and sign entire application
- Include all requested attachments (**recent color photo**)
- Mail or drop off application
- Complete fingerprint report (**NEW applicants only**)

Volunteer Position:

- Unpaid position.
- Travel stipends-We do not guarantee a travel stipend. Depending on our finances at the end of camp, if we are able to, stipends will be distributed evenly.
- If you are staff and your child attends for free, please do not expect a travel stipend.
- **Orientation is MANDATORY. NO EXCEPTIONS.**

Important Note: If your application is chosen for a position as staff at Camp Signshine 2011, and at any time you are unable to accept this position or need to resign, please do so with **as much advance notice as possible**. It is extremely difficult for us to find staff in the last minute.

Application deadline

JUNE 1, 2011

July 16th, 1:00 pm

Mandatory

Staff Orientation,
Social & BBQ

July 17th, 2:00 pm

Campers arrive

July 23rd, 10:00 am

Parents pick up
campers

Deaf and Hard of Hearing Advocacy Resource Center

CAMP SIGNSHINE

JULY 17 - 23, 2011

VOLUNTEER STAFF APPLICATION

Please
attach recent
color
photo here

Return to: DHHARC/Camp SignShine, 999 Pyramid Way, Sparks, NV 89431
(775-355-8994 V/TTY) (775-355-8996 FAX) (775-434-0290 VP) campsignshine@dharc.org

(Please complete all information on both sides)

PERSONAL INFORMATION

Name _____

Other name(s) by which known (e.g., maiden name) _____

Mailing Address _____

City, State, Zip _____

Phone _____ V / TTY/ VP (circle) e-mail _____

School/Business Address _____

Sex: F () M () **Age group:** 18-20() 21-30() 31-50() over 50() **T-Shirt Size:** (circle) S M L XL XXL XXXL

Driver's License # _____ State _____ Expiration Date _____

Physical or medical limitations: _____

Medical or Food Allergies: _____

Please check: Deaf ___ Hard of Hearing ___ Hearing ___ Deaf Parents ___ Deaf Siblings ___

Sign Language Used: (circle any that apply) ASL Signed Eng. SEE PSE Skill Level: Beg. Interm. Adv.

CURRENT & PAST EMPLOYMENT

Give the dates of working; name of company; type of work.

REFERENCES

Please give names, addresses & phone numbers of 3 people: (1) family member (2 & 3) school personnel, boss, or someone from your community.

(1) NAME _____ RELATIONSHIP _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE () _____

(2) NAME _____ RELATIONSHIP _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE () _____

(3) NAME _____ RELATIONSHIP _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE () _____

Are you certified? __CPR __Interpreter __ Other _____

Number (1,2,3,4,5) your preference of ages of children to work with.
___ 7-9 yrs. ___ 10-12 yrs. ___ 13-14 yrs. ___ High School ___ Interpreter

DISCLOSURE STATEMENT The purpose of the following questions is to ensure high quality programming with the campers' safety and welfare being of the utmost importance.

1. Have you ever been convicted of any crime including related to any manner to children and/or your conduct with them, but not limited to, those listed below and/or any crime similar in any manner to those listed below? __Yes __No

- Indecent assault and battery on a child under 14?
- Indecent assault and battery on a mentally retarded person
- Rape
- Rape of a child under 16 with force
- Assault with intent to commit rape
- Kidnapping of a child under 16 with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use separate sheet if necessary.)

3. Have you ever been judged liable for civil penalties or damages involving sexual or physical abuse of children? __YES __NO

If yes, please explain. (Use a separate sheet if necessary.)

4. Are you now or have you ever been subject to any court order involving abuse of a minor, including, but not limited to a domestic order or protection? __YES __NO

If yes, please explain: (Use a separate sheet if necessary.)

5. Have your rights as a parent ever been terminated for reasons involving sexual or physical abuse of children? __YES __NO

If yes, please explain.

I understand that:

- a. The camp may deny acceptance of any person who answered "yes" to questions numbered 1-4.
- b. In applying for a camp position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abuse.
- c. The camp may terminate employment or volunteer service of any person:
 - 1) found to have a history of complaints of abuse of a minor and/or
 - 2) found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
- d. This disclosure statement must be updated yearly.
- e. Any condition that may occur at camp that would lead to asking volunteer staff to leave.

Signature _____ Date _____

Thank you for your interest in Camp SignShine 2011!!