

Deaf Youth Retreat

October 27-29
2017
Deadline Oct 18th

<i>Office Use</i>

Staff Application Form

<i>Name</i>		<i>Male</i>	<i>Female</i>
<i>Home Address</i>		<i>Deaf</i>	<i>Hearing</i>
<i>City</i>		<i>State</i>	<i>Zip</i>
<i>Email</i>	<i>Home Phone</i>	<i>Cell Phone</i>	
<i>Employer</i>	<i>Position</i>	<i>Supervisor Name</i>	
<i>Current driver's license information</i>			
<i>License number</i>		<i>State</i>	<i>Expiration</i>
<i>Auto Insurance Information</i>			
<i>Policy number</i>		<i>Expiration</i>	
<i>Insurance Company Name</i>			
<i>Phone number</i>		<i>Agent Name</i>	

Strict regulations require that you check your auto insurance policies concerning bringing campers or other staff members driving your car. **Check before camp.** If you bring campers or other staff on camp sponsored active in your car a copy of your driver's license and a copy of your insurance information must be on file in DYC's office. Drivers must be at least 21 years of age in order to transport campers.

Check all that apply.

First Aid Certification	<input type="checkbox"/>	CPR	<input type="checkbox"/>
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Check all that apply. I am most fluent in

ASL	<input type="checkbox"/>	PSE	<input type="checkbox"/>	SEE	<input type="checkbox"/>	ORAL	<input type="checkbox"/>	CUED SPEECH	<input type="checkbox"/>
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Emergency Contact Information

<i>Name</i>	<i>Phone</i>
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Pastor Recommendation *(Please have your Pastor sign and date)*

Church Name, Address and Email Address

Personal and Policy Information

Harassment: The camp's policy is to prohibit all forms of harassment by staff. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment by any person? (Note: The type of accusation and when it occurred will be evaluated by the Director.) Yes No

Explain: _____

Criminal Record: Have you anytime been convicted of any child abuse, neglect or unlawful sexual offense, or pled guilty to an offense involving a minor? Yes No

Have you ever been arrested, charged, or convicted of any misdemeanor or felony? (Note: The type of accusation & when it occurred will be evaluated by the Director.) Yes No

If yes, please explain: _____

Personal Conduct:

Please read carefully the paragraphs below before answering and signing.

Deaf Youth Camp is committed to train and minister to deaf youth while attending camp. This relationship is built on trust and respect. Are you presently involved in any lifestyle, conduct, or activity that would hinder (block) the ministry with Deaf Youth Camp, OR impede (ruin) the program's credibility (DYC name) as mentioned above? Yes No

If "YES", please explain: _____

Please Check the boxes if you agree/understand:

- I agree to abstain (not use) tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder or prevent my work as a volunteer at Deaf Youth Camp.**
- I understand that use of tobacco products, alcoholic beverages, illegal drugs, or involvement in questionable conduct, behavior and/or actions is the reason for the Director to have me removed from camp.**
- I understand by accepting a position as a volunteer at Deaf Youth Camp, I will be committing myself to a position of service, and my behavior and attitude will be examined by my example (how I act) toward others**

Please Read Carefully, Check and Sign

Staff Authorization and agreement:

- I affirm the application above and the conditions listed here and on the Staff Medical Form are true to the best of my knowledge. I agreed that Missouri Deaf Youth Camp will not be held responsible for unforeseen accidents or illness while I am at camp. I recognize there is an element of risk in activities I may participate in while staying at Deaf Youth Camp. I hereby release, indemnify and hold harmless Deaf Youth Camp, its agents and volunteers, from and against any and all claims, liabilities, suits, actions, attorney's fee and including without limitation any act, omission, or negligence of Deaf Youth Camp, it's agents and volunteers, which may arise from or in any way be connected with my stay or participation in activities at Deaf Youth Camp.
- Permission to Photograph/Video.** Permission to Photograph/Video -Deaf Youth Camp may produce a video of camp week and/or put pictures of different activities on DYC website. No names will be used. You give DYC permission to video and/or photograph you for camp purposes/promotion only.
- I understand and acknowledge that signing below that my answers to the above application questions and evaluations are complete and true to the best of my knowledge.
- I understand I am expected to comply with Campground guidelines and the Deaf Youth Camp Staff Handbook. And I am committing to be servant of Jesus.



Signature

Date

Send a copy of your health insurance card, application, interest inventory, background check and health form to:

Victoria Towobola
609 N. Spring Lake Dr.
Independence, MO 64056

All Financial contributions should be made out and sent to: Deaf Youth Camp

Address:

Missouri Baptist Conference of the Deaf
Attn: Treasurer
P.O. Box 515088
St Louis, MO 63151