

Deaf Camp MiNi STAFF description and responsibilities:

Description:

This application is for adults over 18 years old who have at least graduated high school, and adults in search for a full-time position for the full summer with children aged 2 to 5 years old. If you are younger than 18 years old, contact TheDeafCamp@brentwoodbaptist.com to inquire if this application would be best fit for you.

Deaf Camp MiNi is a DAY camp, not an overnight camp, that meets 3 days a week on Monday, Wednesday, & Friday. This position works with young children aged 2 to 5 years old that have been potty trained. Deaf Camp MiNi Staff will be trained and prepared at least a week prior to Deaf Camp MiNi, as well as go through debriefing week after Deaf Camp MiNi is wrapped up. Deaf Camp MiNi Staff will have opportunities to: immerse in Deaf culture and community, improve ASL receptive and expressive skills, work with younger Deaf children, their siblings, and hearing children of Deaf parents (known as CODA), and their families, as well as the opportunity to show Jesus' love and give them the chance to get to know who Jesus is.

Skills Needed

- Intermediate ASL skills - Willingness to serve - Ability to lead and teach - Flexibility - Works well with Team - Good people skills - Commitment - Basic knowledge/understand of child development - Basic knowledge and experience working with toddlers and preschoolers - Receives instructions well - Love for Jesus and the desire to connect campers to Christ

What to expect from us: Stipend varies based on experience and signing ability. We have limited housing and transportation, meals for out-of-town applicants.

Responsibilities and expectations are general and may not be limited to these:

- CLEAR Deaf Church background check. WE will email a background check link to you at no cost, and it takes less than a minute to fill out. Please check your email after submitting your application. If you are 21+ we may ask for a copy of driver's license.
- Attend Orientation week and participate in all training provided, which includes CPR certification.
- Work with team and Deaf Camp MiNi Director in preparing for camp weekly.
- If you are not teaching or leading in a classroom setting, be available to serve and help where needed.
- Contact via text or call parents of campers if needed. Must be comfortable with in-person parent interaction too.
- Become familiar as much as possible with Staff binder (given prior to first day of Deaf Camp) that includes campers' allergies and meds info to avoid any accidents.
- Fill out accident report if a camper gets injured and give to parent.
- Be flexible for any last-minute schedule changes.
- Create, lead, and participate in games with campers indoors AND outdoors daily
- Keep track of how many campers and their names are in your group daily.
- Be prepared for a diaper change or change of clothes.
- IF 21 YEARS OR OLDER with GOOD DRIVING RECORD: Driving Deaf Camp vehicles.

Deaf Camp MiNi Staff Application

7777 Concord Road
 Brentwood, TN 37027
 Video Phone: (615) 290-5156
 Voice: (615) 324-6103



Name _____ Birthdate: _____

Address _____ Phone Number _____

Other Number _____

Position(s) applied for: Deaf Camp MiNi Staff If you have specific position in addition to the position you are applying for, please include here _____

After submitting your application, we will email you asking you to share your faith story as a follower of Jesus Christ. Please include your salvation experience and your church involvement. Please submit no more than 2-minutes video signing your personal testimony to the link provided in the email *You must submit this for your application to be considered*

Please list current church you attend _____

List your home church if different from current church you are attending _____

Were you previously employed with us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available to work? _____

Education

	Name & Location	Course Taken/Degree	Year Completed	Grad. Date
High School				
College				
Other				

Employment History

Name & Address of Business	Position/Job Title	Dates of Employment	Name and Number of Supervisor	Reason for Leaving

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Awards, Certificates, Honors

Title	Description	Date Received

Experiences with children

Place	Position/Job	Dates	Contact Name & Number

Personal References

Name	Address	Phone Number	Length of Relationship

Please share your experience working at camps and with Deaf and hearing children in the spaces provided Below. Include ages you've worked with, Deaf/Hard of Hearing or Hearing, what type of work and your responsibilities. If you do not have experience, please share why you are applying for this position:

Please answer few questions regarding to this position:

T-Shirt Size*: _____

Since Deaf Camp MiNi only meet 2-3 days a week, do you want to opportunity to work with other campers? YES / NO

If you chose "YES" to help the other 2-3 days, please select your preferred choice of age groups, with number 1 being your first preferred choice, and 3 being your least preferred choice:

6-9 years old _____ 10-13 years old _____ 14-18 years old _____

Motion Sickness: Are you able to ride in middle or back of school bus? YES NO

Are you on any medications? NO YES Please list meds _____

Please list any allergies you have: _____

For applicants 21 years of age and older, let us know of any driving violations in the past 3 years:

____ I am not 21 years or older ____ No driving violations ____ Yes I have driving violations

If you selected yes, please list the driving violations in past 3 years:

Have you ever been convicted of a felony including involving a suspended sentence? Yes ____ No ____

Have you ever been reported for child abuse or neglect? Yes ____ No ____

If yes, explain: _____

TCA 14-10-29 states that "each person applying to work with children as a volunteer or as a paid employee...shall complete an application on a form prescribed or approved by the Department of Human Services...It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to falsification to the same extent as providing false information.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for the expressed purpose of pre-employment screening.

Date

Applicant's Signature

***Someone will contact you to let you know when we have received your application and ask for other info.**

Someone will be in touch 2-4 weeks to schedule an interview or let you know the position is full.*