

# Deaf Camp VOLUNTEER description and responsibilities:

## Description:

This application is for adults over 18 years old who have at least graduated high school, and adults in search of opportunities to serve and have scheduling flexibility. If you want to have a full-time position for the summer, you can go back to “Opportunities to Serve” tab on [TheDeafCamp.com](http://TheDeafCamp.com) and select “Deaf Camp STAFF” application. If you are not sure which application would fit you best, please contact [TheDeafCamp@brentwoodbaptist.com](mailto:TheDeafCamp@brentwoodbaptist.com) and we will be happy to assist you in selecting which application fits you best! \*Returning volunteers might have more responsibilities per your availability.

Deaf Camp is a DAY camp, not an overnight camp, from Monday through Friday. A typical camp day is from 8:30am to 5:00pm. Deaf Camp Volunteer’s responsibilities will be determined during the interview if your application is selected. Deaf Camp Volunteers will have opportunities to: immerse in Deaf culture and community, improve ASL receptive and expressive skills, work with 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/understanding of child development - Receives instructions well - Love for Jesus and the desire to connect campers to Christ

What to expect from us: All camp related expenses covered such as weekly field trips, T-shirt, and staff outings. 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.
- Ride Deaf Camp vehicles to pick up/drop off locations in mornings and afternoons
- Ride Deaf Camp vehicles for weekly field trips: sit with kids and chat with kids.
- If you are not teaching or leading in a classroom setting, be available to serve and help where needed.
- Weekly Field Trips: Deaf Camp Director will assign responsibilities individually.
- Contact via text or call the 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 it 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 in your group daily.
- *IF 21 YEARS OR OLDER with GOOD DRIVING RECORD:* Drive Deaf Camp vehicles
- Possible one-on-one assistance for campers with emotional or behavior needs.

# Deaf Camp Volunteer

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 Volunteer 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 for work? \_\_\_\_\_

As a Deaf Camp volunteer, you have the flexibility for scheduling your time. We do ask that once you select the day(s) and time(s), please keep those day(s) & time(s) consistently.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

What time each day you selected? \_\_\_\_\_

## 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

## 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:

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Please answer few questions regarding to this position:

T-Shirt Size\*: \_\_\_\_\_

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 \_\_\_\_\_

We do have Deaf Camp MiNi for age 2-5 years old that meets 2-3 days a week: Is this something you'd be interested in helping with?                      YES                      NO                      MAYBE

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.\***