

**Application for Adult Counselor**  
**CAMP OVERBROOK: IN SIGN 2008 - July 14-25, 2008**

**APPLICANT:** Please type or neatly print your responses to the questions below:

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **tty** \_\_\_ **v** \_\_\_ **vp** \_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ **PAGER** \_\_\_\_\_

**BIRTH DATE** \_\_\_\_\_ **SEX** \_\_\_\_\_ **SS#** \_\_\_\_\_

**CHURCH** \_\_\_\_\_ **CITY** \_\_\_\_\_

Please Describe your educational background \_\_\_\_\_

\_\_\_\_\_

Please describe work experiences \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked with children ages 6 through 14? \_\_\_\_\_ If yes, in what way? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had experience teaching the Catholic Religion? \_\_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_

Describe your involvement with Catholic Deaf Apostolate activities?

\_\_\_\_\_

\_\_\_\_\_

Check the language skills you possess: ASL \_\_\_\_\_ Signed English \_\_\_\_\_

Voicing English \_\_\_\_\_ Voicing Spanish \_\_\_\_\_ Reading English \_\_\_\_\_ Other \_\_\_\_\_

***American Sign Language is the language used at CAMP OVERBROOK: IN SIGN.***

*Adults who work with children are required by law to have a PA State Child Abuse History Clearance and Criminal Record Check.*

Criminal Record Check and Child Abuse Clearance completed? \_\_\_\_\_ Date \_\_\_\_\_

I need to submit these forms to be processed. Yes \_\_\_\_\_ No \_\_\_\_\_

(OVER)

Why do you want to be a counselor at CAMP OVERBROOK: IN SIGN? \_\_\_\_\_

---

---

---

PLEASE RATE YOUR ABILITIES IN THE FOLLOWING AREAS (from 1 to 5, with 5 being the highest and 1 the lowest):

teaching ability \_\_\_\_\_ swimming \_\_\_\_\_ sports \_\_\_\_\_ Arts&crafts \_\_\_\_\_ drama \_\_\_\_\_  
creativity \_\_\_\_\_ punctuality \_\_\_\_\_ responsibility \_\_\_\_\_ love of children \_\_\_\_\_  
communication \_\_\_\_\_ keeping order \_\_\_\_\_ enthusiasm \_\_\_\_\_

CAMP OVERBROOK: IN SIGN requires two references on your behalf. Below, write the names and addresses of (1) a teacher, boss or supervisor from work (2) another adult who knows you well but is not related to you. The Camp Director will contact these people as soon as your application is submitted.

Reference (1): Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone # \_\_\_\_\_ (voice or tty)  
E-mail \_\_\_\_\_

Reference (2): Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone # \_\_\_\_\_ (voice or tty)  
E-Mail \_\_\_\_\_

**PLEASE RETURN COMPLETED FORMS TO:**

Deaf Apostolate- 8<sup>th</sup> Floor  
Archdiocese of Philadelphia  
222 N. 17<sup>th</sup> Street  
Philadelphia, PA 19103  
(215-587-3913 v, tty, vp, 215-587-0510 tty or 215-587-3561 fax)  
pcpddeaf@adphila.org

**ARCHDIOCESE OF PHILADELPHIA  
DEAF APOSTOLATE**