



June 13-18
2010
Deadline May 20

<i>Office Use</i>

Staff Application Form

<i>Name</i>		<i>Male</i>	<i>Female</i>
<i>Home Address</i>			
<i>City</i>		<i>State</i>	<i>Zip</i>
<i>Email</i>	<i>Home Phone</i>	<i>Mobile Phone</i>	
<i>Employer</i>		<i>Position</i>	
<i>Active Member of what church</i>			
<i>List positions of service in church</i>			
<i>Favorite Bible verse. Why favorite?</i>			
<i>How do you show Jesus in your life to other people?</i>			
<i>Briefly tell how you would explain Salvation or saved to a camper?</i>			

Check all that apply. I am most fluent in

ASL	PSE	SEE	ORAL	CUED SPEECH
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Camp T-shirt order form. All sizes listed are Adult

Small	Medium	Large	X-Large	XX-Large	XXX-Large
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Only forms received by May 20, 2010 deadline can be guaranteed a t-shirt in the correct size.

Emergency Contact Information

<i>Name</i>	<i>Phone#</i>
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Interest Inventory

What areas are you willing to serve? Please check Yes or No in the areas you are interested. Thank You.

Outdoor Activities Yes No

Basket Ball		
Canoeing		
Field Games		
Fishing		
Mini Golf		
Rope Course		
Sand Volleyball		
Swimming		

Indoor Activities Yes No

Lead Music		
Assist Music		
Drama Leader		
Assist Drama		
Crafts		
Assist Crafts		
Indoor Games		

Teaching Yes No

10 years old		
11-12 years old		
13-14 years old		
15-16 years old		
17-18 years old		

Teacher Assistant Yes No

10 years old		
11-12 years old		
13-14 years old		
15-16 years old		
17-18 years old		

Staff Positions Yes No

Camp Nurse		
Camp Cook		
Kitchen Crew		
Snack Shack Crew		
Lifeguard		
Recreation Leader		
Assist Recreation Leader		

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. By checking this box you give DYC permission to video and/or photograph you. By signing this you agree it is ok the photograph/video you for camp purposes/promotion only.

Signature

Date

Please Read Carefully and Sign

Staff Authorization:

I approve the application above and the conditions listed here and on the Staff Medical Form. It is 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 Missouri Deaf Youth Camp. I hereby release, indemnify and hold harmless Missouri 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 Missouri 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 Missouri Deaf Youth Camp.

I understand that I will be expected to comply with Campground guidelines and the Missouri Deaf Youth Camp rules and aims.

Signature

Date

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

Linda Whiggam
218 Seawind Apt C
Ballwin, MO 63021

All Financial contributions should be made out and sent to: MBCD/DYC

Address:

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