

**Application for Adult Counselor  
CAMP OVERBROOK: IN SIGN 2018  
June 18 – June 29, 2018**

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

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

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

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

**E-MAIL** \_\_\_\_\_ **TEXT** \_\_\_\_\_

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

**EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**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\_\_\_\_ Voice English \_\_\_\_

Voice Spanish\_\_\_\_ Other \_\_\_\_\_

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

*Adults (over 18 years of age) who work with children are required by law to have a PA State Child Abuse History Clearance, Criminal Record Check and Arrest/Conviction Report & Certification Form*

(under Act 24 of 2011). Please submit the originals of these documents with your application.

Criminal Record Check completed? \_\_\_\_\_ Date \_\_\_\_\_

Child Abuse Clearance completed? \_\_\_\_\_ Date \_\_\_\_\_

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

I have attended an Archdiocesan Safe Environment Workshop Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_ swimming \_\_\_\_\_ sports \_\_\_\_\_ arts & crafts \_\_\_\_\_ drama \_\_\_\_\_ creativity \_\_\_\_\_

punctuality \_\_\_\_\_ responsibility \_\_\_\_\_ love of children \_\_\_\_\_ communication \_\_\_\_\_

organized \_\_\_\_\_ enthusiasm \_\_\_\_\_ commitment \_\_\_\_\_

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 vp)

E-mail \_\_\_\_\_

Reference (2): Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ (voice or vp)

E-Mail \_\_\_\_\_

**PLEASE SEND COMPLETED FORMS VIA EMAIL OR FAX TO:**

Deaf Apostolate- 8<sup>th</sup> Floor  
Archdiocese of Philadelphia  
222 N. 17<sup>th</sup> Street  
Philadelphia, PA 19103

(215-587-3913 Phone, 267-507-1215 VP, or 215-587-3561 FAX)

[sr.kschipani@archphila.org](mailto:sr.kschipani@archphila.org) / [rshilling@archphila.org](mailto:rshilling@archphila.org)