



House Ear Institute  
Advancing Hearing Science

## 24th Annual Family Camp June 5 – 7, 2009

### NEW COUNSELOR APPLICATION

*(To be considered, please fill out the application completely)*

Name \_\_\_\_\_ (circle one) Male / Female  
 Home Phone \_\_\_\_\_ Voice/TDD Work Ph: \_\_\_\_\_ V/TDD  
 Email Address: \_\_\_\_\_ Best time to reach me: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Age: \_\_\_\_\_ <sup>Street</sup> Hearing / Hard-of-Hearing / Deaf? <sup>City</sup> \_\_\_\_\_ <sup>Zip</sup> T-Shirt Size: \_\_\_\_\_

**\* You MUST be 18 years or older to be a new counselor or 17 and accompanied by a parent.**

Communication Methods that You Use? (circle all that apply) ASL / Oral / Cued  
 ASL skills? \_\_\_\_\_ If yes, circle level: Fair / Good / Fluent  
 Do you speak fluent Spanish? (circle) Yes / No Other languages? \_\_\_\_\_  
 Have you previously attended our camp? Yes / No What Year(s)? \_\_\_\_\_  
 Have you been a counselor at our camp? Yes / No What Year(s)? \_\_\_\_\_  
 What ages of children are you most interested in helping as a counselor?  
 3 and under \_\_\_\_\_ 4 to 6 \_\_\_\_\_ 7 to 9 \_\_\_\_\_ 10 to 13 \_\_\_\_\_  
 14 to 17 \_\_\_\_\_ Any age \_\_\_\_\_  
 Do you have siblings or friends who have a hearing loss? (circle) Yes / No  
 How would you rate your level of physical fitness (your physical strength and stamina)?  
 Excellent / very active \_\_\_\_\_ Good \_\_\_\_\_ Okay \_\_\_\_\_ Poor / No regular exercise \_\_\_\_\_  
 Attending high school or college? \_\_\_\_\_ Years Completed? \_\_\_\_\_  
 Name of school: \_\_\_\_\_  
 School counselor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Over →

School/Studies Major: \_\_\_\_\_

Your reasons for wanting to be a camp counselor:

\_\_\_\_\_  
\_\_\_\_\_

List any previous counselor experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any camps you have attended:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any experience working with children? Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List below at least 3 references: (There should be at least one teacher or guidance counselor; if you have been or are currently employed, please list employer.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**Please send application to:  
or fax: 213- 483-8789  
before Friday, May 22, 2009**

**House Ear Institute  
Attn: Kathie Arms, Assistant Camp Director  
2100 W. Third St. 5th Floor, Los Angeles, CA 90057**