



House Ear Institute
Advancing Hearing Science

24th Annual Family Camp June 5 – 7, 2009

RETURNING COUNSELOR APPLICATION

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

Counselor ID Number (HEI to complete) _____ (circle one) Male / Female

Name: _____ Home Phone _____ V/TDD

Work Phone: _____ V/TDD E-mail Address: _____

Address _____
Street City Zip

Age: _____ (circle one) Hearing / Hard-of-Hearing / Deaf

If you are under 18 years of age, you must be accompanied by a parent or guardian.

Method of communication used? (circle all that apply) ASL / Oral / Cued

If you have ASL skills, indicate proficiency level: Limited / Good / Fluent

What was the last year you attended camp? _____ T-shirt size desired: _____

What ages of children do you prefer to help out as a counselor?

3 and under _____ 4 to 6 _____ 7 to 9 _____ 10 to 13 _____

14 to 17 _____ any age _____

Do you have fluent Spanish language skills? _____ Other languages? _____

How would you rate your level of physical fitness (your physical strength and stamina):

Excellent / Very active ____ Good ____ Okay ____ Poor / No regular exercise ____

Are you in high school or college? _____ Years completed? _____

Name of high school or college: _____

High school / college phone #: _____

If employed, your place of employment: _____

List any special skills you have that may be helpful at camp: _____

Please return application to :
or fax: (213) 483-8789
by Friday, May 22, 2009

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