



June 2-7, 2019
 Deadline: May 18, 2019

<i>Office Use</i>

Staff Application Form

<i>Name</i>		<i>Birth Date</i>	<i>Male</i>	<i>Female</i>
<i>Home Address</i>		<i>Blood Type</i>	<i>Deaf</i>	<i>Hearing</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>Current driver's license information</i>				
<i>License number</i>		<i>State</i>	<i>Expiration</i>	
<i>Auto Insurance Information</i>				
<i>Policy number</i> _____		<i>Expiration</i> _____		
<i>Insurance Company Name</i> _____				
<i>Phone number (____)</i> _____				

Strict regulations require that you check your auto insurance policies concerning bringing campers or other staff members driving your car. **Check before camp.** If you bring campers or other staff on camp sponsored active in your car a copy of your driver's license and a copy of your insurance information must be on file in DYC's office. Drivers must be at least 21 years of age in order to transport campers.

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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Emergency Contact Information

<i>Name</i>	<i>Phone</i>
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Pastor Recommendation (Please have your Pastor sign and date)

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Personal and Policy Information

Harassment: The camp's policy is to prohibit all forms of harassment by our staff. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment by any person? (Note: The type of accusation and when it occurred will be evaluated by the Director.) Yes No

Explain: _____

Criminal Record: Have you ever been convicted of any child abuse, neglect or unlawful sexual offense, or pled guilty to an offense involving a minor? Yes No

Have you ever been arrested, charged, or convicted of any misdemeanor or felony? (Note: The type of accusation & when it occurred will be evaluated by the Director.) Yes No

If yes, please explain: _____

Personal Conduct:

Please read carefully the paragraphs below before answering and signing.

Deaf Youth Camp is committed to train and minister to deaf youth while attending camp. This relationship is built on trust and respect. Are you presently involved in any lifestyle, conduct, or activity that would hinder (block) the ministry with Deaf Youth Camp, OR impede (ruin) the program's credibility (DYC name) as mentioned above? Yes No

If "YES", please explain: _____

Please Check the boxes if you agree/understand:

- I agree to abstain (not use) tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder or prevent my work as a volunteer at Deaf Youth Camp.
- I understand that use of tobacco products, alcoholic beverages, illegal drugs, or involvement in questionable conduct, behavior and/or actions will be the reason for the Director to ask me to leave camp.
- I understand by accepting a position as a volunteer at Deaf Youth Camp, I will be committing myself to a position of service, and my behavior and attitude will be examined by my example (how I act) toward others

Please Read Carefully, Check and Sign

Staff Authorization and agreement:

- I affirm the application above and the conditions listed here and on the Staff Medical Form are true to the best of my knowledge. I agree that Deaf Youth Camp/Baptist Hill 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 Deaf Youth Camp. I hereby release, indemnify and hold harmless Deaf Youth Camp/Baptist Hill, 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 Deaf Youth Camp.
- 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 for camp purposes/promotion only.
- I understand and acknowledge that signing below that my answers to the above application questions and evaluations are complete and true to the best of my knowledge.
- I also understand that I will be expected to comply with Campground guidelines and the Deaf Youth Camp rules and aims.

Signature *Date*

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

Victoria Towobola
609 N. Spring Lake Dr.
Independence, MO 64056

All financial contributions should be payable to and mail to:

Deaf Youth Camp
Attn: Treasurer
P.O. Box 1464
Maryland Heights, MO 63043



Kayak Waiver & Release Form

PLEASE READ CAREFULLY!!!

I _____ do agree to attend and participate in any way in the kayaking, related events and activities. In consideration of the services of Mid-Lakes Baptist Association & Deaf Youth Camp (DYC), its agents, owners, officers, volunteers, participants, and all other persons or entities acting in any capacity on its myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge and agree that:

1. I will wear protective and safety gear prescribed by Mid-Lakes Baptist Association & DYC, knowing, however, that protective gear does not and cannot guarantee physical safety.
2. I am at all time fully and solely responsible for my own safety and well being while engaging in activities offered or provided by Mid-Lakes Baptist Association & DYC, and in transit to and from such activities. I accept and assume all risks connected with activities offered and/or provided by Mid-Lakes Baptist Association & DYC.
3. I understand and acknowledge there are risks of personal injury, death, and property damage while participating in the instructional activities, and trips offered by Mid-Lakes Baptist Association. Including risks posed by travel to such activity. My participation in these activities is purely voluntary, and I elect to participate in these activities in spite of the risks.

Release of liability, waiver of claims and indemnity agreement:

In consideration of permission to participate in activities with Mid-Lakes Baptist Association and DYC, I hereby acknowledge and agree to the following by execution of this document:

1. I hereby release and hold harmless Mid-Lakes Baptist Association & DYC, its officers, directors, agents and volunteers from any liability whatsoever for any and all injury, disability, death, or loss or damage to person or property, whether caused by active or passive negligence or otherwise, as well as from any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from activities offered or provided by Mid-Lakes Baptist Association and DYC.
2. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of Mid-Lakes Baptist Association, DYC, agents, officers, directors, and volunteers, or by any other person.
3. I certify that I have no medical or physical condition which could interfere with my safety while participating in these activities, or else I am willing to assume, and bear the costs of, all risks that may be created, directly or indirectly, by such condition. I agree to wear a properly fastened personal floatation device at all times while in the water, and to use such other safety equipment as may be provided to me by Mid-Lakes Baptist Association & DYC.

4. I understand and agree that should emergency rescue evacuation become necessary, the expenses are my sole responsibility and not that of Mid-Lakes Baptist Association or Deaf Youth Camp.

***** Read this form completely and carefully.** You are agreeing to engage in a potentially dangerous activity. You are agreeing that, even if Mid-Lakes Baptist Association and Deaf Youth Camp uses reasonable care in providing this activity, there is a chance you may be seriously injured because there are certain dangers inherent in this activity which cannot be avoided or eliminated. By signing this form you are giving up your right and your right to recover from Mid-Lakes Baptist Association and Deaf Youth Camp in a lawsuit for any personal injury to you or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and Mid-Lakes Baptist Association & Deaf Youth Camp has the right to refuse to let you participate if you do not sign this form.

I have carefully read this RELEASE OF LIABILITY AND WAIVER AGREEMENT, and fully understand it. I understand this is a release of waiver of liability and by signing this agreement I am giving up important legal rights.

Name (print): _____ Date: _____

Signed Name: _____ Phone: _____ VP or Cell

In case of emergency contact: _____ Phone: _____

Relationship: _____