



Nov. 8-10, 2024  
**Mail/Email: Oct. 15, 2024**

<i>Office Use</i>

## Staff Application Form

Name		Birth Date	Male	Female
Home Address		Blood Type A-, A+, B-, B+, O+, O-, AB+, AB-	Deaf	Hearing
City			State	Zip
Email	Home Phone		Cell Phone	
Employer		Position		
Current driver's license information				
License number		State	Expiration	
<b>Auto Insurance Information</b>				
Policy number _____		Expiration _____		
Insurance Company Name _____				
Phone number (____) _____				

Strict regulations require that you check your auto insurance policies concerning bringing campers or other staff members driving your car. **Check before leaving for the retreat.**

**If you bring campers or other staff on retreat sponsored activity 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

ASL	PSE	SEE	ORAL	CUED SPEECH
-----	-----	-----	------	-------------

### Emergency Contact Information

Name	Phone (Text, cell, VP, Voice)
------	-------------------------------

## 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 Assembly 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 Assembly, 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, health form and COVID Vaccine Card to:**

Vivian Crowley  
1354 E. Arlington St.  
Springfield, MO 65803

**All financial contributions should be payable to and mailed to:**

Deaf Youth Camp  
Attn: Treasurer  
PO Box 300827.  
Kansas City, MO 64130