

# STAFF APPLICATION

## *Christian Camp for the Deaf*

### **July 8 – 13, 2018**

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Name (Please print clearly) Date applied for

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Street Address City State Zip

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Name of your home congregation Are you a member of Church of Christ? ( ) Yes ( ) No

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( ) E-Mail Address: Phone: ( ) VP ( ) Voice ( ) Cell ( ) Text

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( ) Deaf ( ) Hard of Hearing ( ) Hearing ( ) Male ( ) Female Date of Birth: \_\_\_\_\_

T-shirt size: Circle one ( M, L, XL, XXL, XXXL ) Please let us know by **June 9<sup>th</sup>** on your size so you may have the correct size)

We have an on-site health center with two registered nursing staff on call 24 hours a day.

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In case of Emergency, call Phone: ( ) VP ( ) Voice

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Family Doctor's Name: Phone City State

Here are some staff positions available and these are for the members of Church of Christ as below:

Boy Counselors, Girl Counselors, Bible Study Teachers, Bible Study Teachers at Women's Classes, Recreation Assistants, Dining and Classes Table and Chair Settings and Night Patrols. Extra special lower rates for Kitchen Staff, check with Frank for more information.

If available, please assign me to the position of (1) \_\_\_\_\_ (2) \_\_\_\_\_

Please fill out as soon as possible and mail this form to the Director. Those staff who were at the camp last summer and/or 2 years ago, may have their first priorities to remain on the same staff. If you do not let the Director know by **May 30<sup>th</sup>**, then the Director will check with other people in the waiting list, if any. This may be on the first come, first serve basis with their paid registration fees.

( ) Enclosed is a check for **\$150.00** to cover entire camper fee on or before **June 9, 2018**. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily afternoon and night canteens, camp t-shirt and color 8.5"x11" group photograph.

( ) Enclosed is a check for **\$160.00** to cover entire camper fee on **June 10, 2018** or after and at the opening day of the camp. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily canteens, camp t-shirt and color 8.5"x11" group photograph.

( ) Enclosed is a check for a deposit of **\$60.00** to confirm my reservation by **June 9, 2018**. The **\$60.00** per person deposit is included in the camp fee with the balance **\$90.00** to be paid on the first day of camp. This registration fee is non-refundable. Signed by \_\_\_\_\_

**IMPORTANT NOTICE:** This camp has a limited numbers of attendees and the paid registered adult will be in the line of "first come, first service" basis. To insure proper registrations, please be sure to fill out entire forms of Staff Application, Waiver and Release, Camp Regulations and **SUBMIT ALONG WITH DEPOSIT TO BE IN EFFECT!**

**Please make your check payable to Christian Camp for the Deaf.**

Mail to: Frank Rushing, Director  
1325 Winthorne Drive  
Nashville TN 37217-2412

E-Mail: frankrushing1@comcast.net  
VP: 615 823 7959