



PLEASE ATTACH A  
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YOURSELF HERE

## Signs of Fun Volunteer/Intern Application Form

(Please Print Clearly)

Name \_\_\_\_\_  
(First) (Last)  
Phone \_\_\_\_\_  
(Home #) (Work #) (Cell#)  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ T-shirt size \_\_\_\_\_  
(Optional) (Minimum volunteer age: 16 years old)  
Drivers License # \_\_\_\_\_ State \_\_\_\_\_  
Social Security # \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### **VOLUNTEER & EMPLOYMENT INFORMATION**

1) Organization \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Employed/Volunteered from \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
Reason for leaving \_\_\_\_\_ to \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
Job title \_\_\_\_\_ Describe work or volunteer service below:  
\_\_\_\_\_

2) Organization \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Employed/Volunteered from \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
Reason for leaving \_\_\_\_\_ to \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
Job title \_\_\_\_\_ Describe work or volunteer service below:  
\_\_\_\_\_

May we contact the above employers? \_\_\_\_ Yes \_\_\_\_ No  
If No, please explain why. \_\_\_\_\_

### **Personal or Professional References: (Not related / 18 years of age or older)**

Name _____	Address _____
Occupation _____	Phone _____
Name _____	Address _____
Occupation _____	Phone _____
Name _____	Address _____
Occupation _____	Phone _____

### **Have you been referred by any Signs of Fun volunteers or families: (please list)**

Family/Volunteer _____	Address _____
Occupation _____	Phone _____
Family/Volunteer _____	Address _____
Occupation _____	Phone _____

**Signs of Fun is a tobacco free and a dry (no alcohol) camp.**

**ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED FOR VOLUNTEER POSITION**

- 1) Have you ever been charged with or convicted of a felony? \_\_\_\_Yes \_\_\_\_No
- 2) Have you ever been charged with or convicted of any crime involving a sex offense, an assault or the use of a weapon? \_\_\_\_Yes \_\_\_\_No
- 3) Have you ever been charged with or convicted of any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? \_\_\_\_Yes \_\_\_\_No
- 4) Have you ever been charged with or convicted of reckless driving, operating a motor vehicle while under the influence, or driving to endanger? \_\_\_\_Yes \_\_\_\_No
- 5) Are you seeking to volunteer in order to satisfy court-ordered community service? \_\_\_\_Yes \_\_\_\_No

If you answered "Yes" to any of the above five items, please explain. \_\_\_\_\_

- 6) (OPTIONAL) Please indicate if you have personally experienced a life threatening illness or if you are currently being treated for a serious on-going illness. \_\_\_\_Yes \_\_\_\_No

Have you ever participated in Signs of Fun as a camper? \_\_\_\_Yes\_\_\_\_ No If so, date \_\_\_\_\_

I authorize and give Signs of Fun my permission to run a background check/search on me. \_\_\_\_Yes \_\_\_\_No

Level of signing skills: \_\_\_\_Signing Exact English (SEE) \_\_\_\_Pidgin \_\_\_\_Cued Speech \_\_\_\_ASL

\_\_\_\_Beginner \_\_\_\_Intermediate \_\_\_\_Skilled

I am a Red Cross certified lifeguard: \_\_\_\_Yes \_\_\_\_No Date of expiration: \_\_\_\_\_

I am willing to work on fundraising: \_\_\_\_Yes \_\_\_\_No

I feel qualified to be a lead counselor \_\_\_\_Yes \_\_\_\_No

**Fees**

As Signs of Fun is an entirely non-profit organization, and our mentors are volunteering their time to mentor in addition to other responsibilities as directors or counselors, we ask that Interpreter Interns cover the cost of their own meals during the week of camp. If selected for the program, Interpreter Interns will be asked to send a check for \$25.00 to Signs of Fun prior to the first day of camp. All other camp costs will be defrayed by Signs of Fun.

**Number of Hours**

The total number of mentored hours an Interpreter Intern receives depends largely on the intern's own motivation and skill level. However, past interns have gotten between 20 and 30 mentored hours of experience during our week of camp.

**Application Process**

Completed applications must be received by March 31<sup>st</sup>. Priority will be given to applicants who have volunteered with Signs of Fun in the past. Applicants will be notified of selection decisions no later than May 30<sup>th</sup>.

**A completed Interpreter Intern application packet includes:**

- This application
- Letter of recommendation from a qualified ASL instructor
- Practicum/Internship requirements: If you are applying for the Interpreter Intern program to fulfill an interpreting degree requirement or other similar program, please submit a copy of the requirements for your program with your application.

-Work Sample: Please post an 8-10 minute sample of your ASL-to-English interpreting and an 8-10 minute sample of your English-to-ASL interpreting on Youtube.com, and send the links to [signsoffuncamp@gmail.com](mailto:signsoffuncamp@gmail.com). (Be sure to set the videos as available only to someone who has the link unless you want anyone to be able to view your videos!) Type "Interpreter Intern Work Samples: (Your Name)" in the subject line of your email. Videos chosen for the work samples should show not only your signing skills, but also your personality.

**A completed Counselor application packet includes:**

- This application

-Work Sample: Please post a 5-minute sample of your signing skills to Youtube.com and send the link to [signsoffuncamp@gmail.com](mailto:signsoffuncamp@gmail.com). Here are some questions you can address to get your creativity flowing from your hands! We want to see why you feel you would be a good match for our camp. Notice the name, Signs of FUN? Yes, fun is our goal. Introduce yourself, tell us what your hobbies are, what do you feel you can "bring to the camp", do you have a name sign and if so, why is THAT your name sign? How much experience do you have working with children who are deaf?

Please list any special skills, hobbies or interests you may have: \_\_\_\_\_

How did you hear about Signs of Fun Camp? \_\_\_\_\_

If selected, I give my permission to include my name and/or picture in all Signs of Fun promotional material, newspapers, TV, radio, brochures, videos, etc. \_\_\_\_ Yes \_\_\_\_ No

Please list years that you have volunteered at Signs of Fun Camp: \_\_\_\_\_  
(We continue to update our records to make sure you are included in all previous years you volunteered.)

I will need sleeping accommodations: \_\_\_\_ Yes \_\_\_\_ No

**\*\*Accommodations may be made available for volunteers 18 years of age or older.**

\_\_\_\_ Yes, I have already sent in my \$25 membership donation. \_\_\_\_ My membership donation is enclosed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
***We must have your signature if you wish to be considered for volunteer positions. Thank you.***

## **Voluntary Disclosure Statement**

*(All Camp Staff & Volunteers)*

Developed and approved by American Camping Association

## **Please Remit to:**

*Signs of Fun Camp*

33 Warren Drive

Fredericksburg, VA 22405-5777

**\*\*In accordance with the ACA's accreditation requirements, the following information must be provided by ALL applicants.\*\***

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)

Yes No

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

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4. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain:

I understand that:

- a) The camp may deny volunteer opportunities to any person who answers "yes" to any one of questions 2-7. If accepted and Signs of Fun later discovers circumstances that would indicate a "yes" answer to any of the above questions, volunteer status may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.
- e) In being considered for a position with Signs of Fun, I understand that Signs of Fun directors may request and rely upon one or more consumer reports or investigative consumer reports about me; that may be obtained from a consumer-reporting agency. These searches may include criminal, MVR, references, etc checks. By signing below, I authorize Signs of Fun to perform said searches/checks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_