

Mail or fax to San Diego County Speech • 411 Camino Del Rio South, Ste.101
San Diego, CA 92108 • Attn: Laurin Epstein • Phone: (619) 574-8181 ext.11 • Fax: (619) 574-0802
camptalk@county-speech.com

Camp Talk 2010

Counselor Application

Name: _____

Address: _____

Phone: (best) _____ (secondary) _____

Best time to call: _____

Email: _____

How did you hear about Camp Talk?

Please briefly describe your experience with individuals with special needs:

Do you have any experience with AAC? If so, what?

Do you speak any language other than English (including ASL)?

Do you need (please circle): ASHA CEUs, observation hours, certified volunteer hours, internship certification?

Person to notify in case of emergency:

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Do you have any allergies? Yes No

Explain: _____

Do you have any conditions, physical or otherwise, which require special consideration at camp? (No heavy lifting, wheelchair accessibility, etc...)?

I would like to be a counselor for the week(s) of:

July 19-23 (ages 6-12)

July 26-30 (ages 6-12)

August 2-6 (ages 13-18)

I will be able to attend a 4-hour training the Sunday prior to camp week:

YES NO NOT SURE

Please Initial:

_____ I give my permission to be photographed and/or videotaped at **Camp Talk** for publicity purposes.

_____ I understand that County Speech will conduct a public records background check and I have the right to request in writing a copy of any public records obtained by County Speech.

_____ I understand that I am participating in Camp Talk as a volunteer. I agree to participate Monday through Friday from 8:00 am to 4:00 pm during the weeks checked.

I understand that my presence at Camp directly affects a child's ability to participate in Camp. If I cannot attend Camp on any of the days for which I am committed, I will give at least 24 hours notice so that a substitute can be arranged.

Signature

Date