

STAFF APPLICATION

Christian Camp for the Deaf

July 5 – 10th 2026

Name (Please print clearly) Date applied for

Street Address City State Zip

Name of your home congregation

() E-Mail Address: _____ Phone: _____ () VP () Voice () Cell () Text
() Deaf () Hard of Hearing () Hearing () Male () Female Date of Birth: _____

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

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

Family Doctor's Name: Phone City State

Here are some staff positions available listed 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 and Kids Counselors**, check with Co-Directors Morgan Greene or Jesse Neal 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 **June 22nd**, 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 **\$170.00** to cover entire camper fee on or before **July 5, 2026**. This is including the camp medical insurance, 14 meals, 5 day lodgings, daily afternoon and night canteens. Check with Morgan before paying as your volunteer staff position may come with discount for your volunteering.

This registration fee is nonrefundable. 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!** **Additional documents will need to be signed at the camp.**

Please make your payment online or a check payable to Flying Hands Ministry with a note "camp"

Mail to: Jesse Neal, Co-Director
985 Runyan Dr,
Chattanooga, TN 37405

E-Mail: mydeafcamp@gmail.com

VP: 941-289-2381

Website: www.flyinghandsministry.com