The CARE Project Retreat Volunteer Application  
Raleigh, NC  
Hyatt House North Hills, Raleigh  
July 12-14, 2019  
Please fill out one form per participant, not per family.  
Please return completed applications to lara@thecareproject.com

GENERAL INFO  
NAME  
EMAIL  
PHONE  
ADDRESS

What is your previous experience with The CARE Project? How did you find out about the Family Retreat?

VOLUNTEER PREFERENCES  
Please indicate your preferred area of participation

_____ Participate in retreat planning process (1-2 months in advance of retreat)  
_____ Assist with planning social activities for families  
_____ Work in childcare with younger kids  
_____ Work in childcare with older kids  
_____ Work childcare shifts in order to relieve full-time childcare volunteers  
_____ ASL Interpreter  
_____ Transliterator

What shifts are you available to work?

_____ Entire Retreat  
_____ Saturday 7:30 am – 12:30 pm  
_____ Saturday 1:00 pm – 6:00 pm  
_____ Sunday 7:30 am – 12:30 pm
Will you be a commuter or need housing for the retreat?  
Do you need any special accommodations?  

Please note that we are unable to provide housing for volunteers at this retreat. Lara can provide your name to the Hyatt House, but you will need to provide credit card information. Thank you in advance for understanding.

_____ No  
_____ Yes: ___________________________

_____ Commuter  
_____ Need Housing

What experience do you have working with children 0 – 5 years who are deaf or hard of hearing?

What experience do you have working with children (any age) in general?

What experience do you have working with families of children who are deaf or hard of hearing?

What other relevant experience do you have?

Additional Information:  
(Please list your children’s ages and whether or not they are deaf or hard of hearing)
No Alcohol Policy

By signing this policy, you are stating you will not consume alcohol in any form in 8 hours prior to the event nor will you consume alcohol while volunteering for The CARE Project. Per our insurance and volunteer guidelines, no alcohol may be consumed while volunteering your time.

Bias Statement

The CARE Project (TCP) supports all decisions made by parents/families. TCP does not prescribe to one single philosophy, communication modality or technology. Giving emotional support, information, education and skills is first and foremost the focus of TCP. Therefore, it is required by TCP that all volunteers and speakers for TCP Retreat experiences refrain from sharing personal opinions and biases regarding the topics: communication modality, technology, educational setting and/or philosophy. TCP strives to create a safe and comfortable environment during the retreat experiences to allow families to process their emotions, meet new families, connect and bond. The retreats focus on the one thing all the attendee families have in common: having a child who is deaf or hard of hearing.

Please sign below that you, as a volunteer and/or speaker, have read this policy statement and agree to adhere to it during the retreat experience for which you are involved.

Thank you for understanding TCP’s desire to create a stress-free environment for the families who join us for TCP Family Retreats!

_______________________________________  __________________________
Signature                                               Date