

The CARE Project Retreat Volunteer Application
Tamarack Resort
311 Village Dr. Tamarack, Idaho 83615
June 5-7, 2020

Please fill out one form per participant, not per family.

Please return completed applications to Brian.Shakespeare@dhw.idaho.gov

GENERAL INFO

NAME:
EMAIL:
PHONE:
ADDRESS:

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

VOLUNTEER REQUIREMENTS

1. All volunteer candidates must apply to be considered and must be approved by the Executive Director.
2. All volunteers who are approved must agree to be assigned a task/job, as designated by the Retreat Director.
3. All volunteers who are approved must agree in writing to adhere to the NO ALCOHOL POLICY for the entire retreat weekend.
4. All volunteers must agree in writing to withhold personal bias regarding communication methodology, technology, education, etc. when engaging with families during the entire retreat weekend.
5. All volunteers must be willing to share a room with another volunteer.
6. All volunteers must be willing to work in childcare, caring for children who are Deaf or Hard of Hearing and siblings.
7. Volunteer applications must be received by **Wednesday, April 15th, 2020**.

All volunteers must complete and pass a criminal background check in order to be selected. Please do so at this website: <https://bib.com/SecureVolunteer/The-CARE-Project/>

VOLUNTEER PREFERENCES

Please indicate your preferred area of participation

- _____ 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?

- Commuter
- Need Housing

Do you have any dietary restrictions?

- Dairy
- Gluten
- Shellfish
- Other: _____

Do you need any special accommodations?

- No
- Yes: _____

What experience do you have working with children who 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