**Summer 2018 Volunteer Activities Assistant Application**

Thank you for your interest in volunteering for the Carroll Center Summer Youth Programs! Apply today to be a Volunteer Activities Assistant to a Carroll Center Camper. Volunteers will participate in our summer youth programs with teenagers who are blind both on our campus in Newton and on field trips in the Greater Boston area. Our students participate in a various activities and field trips from archery, rock climbing, canoeing, amusement parks, arts & crafts and so much more. You can view our programs [online](http://carroll.org/on-campus/) for more information.

**Our Summer programs run from July 9 through August 16**

**Volunteer Dates as follows: (choose one or two options to volunteer from below)**

* **Field Trip Tuesdays: 8 am to 4 pm: July 10, 17, 24, 31, August 7 and 14**
* **Thursday evenings clubs/activity: 3 to 8 pm: July 12, 19, 26, August 2 and 9**
* **Sundays Talent Club: 2 to 6 pm: July 15, 22, 29, August 5 and 12**
* **Tuesday and Thursday evenings: 6 to 8 pm: July 10, 12,17, 19**

**APPLICATION DEADLINE: May 30, 2018  
Space is limited**

**VOLUNTEER DESCRIPTION**

Volunteer Activities Assistants are matched to a Camper, who is blind or visually impaired, for a specific activity. Volunteer responsibilities include assisting a camper participate in a field trip activity (such as going on an amusement ride, swimming, walking through a museum); helping them participate in recreation activities and ensuring their camper stays engaged in the activity. Volunteers are responsible for staying with their camper AT ALL TIMES, ensure safety, and provide tons of energy and motivation for their camper. Those on the field trips will assist with meals and snacks, and make sure their camper stays hydrated during outdoor activities.

**VOLUNTEER QUALIFICATIONS**

* Have high level of leadership, energy, accountability, and responsibility
* Meet the age requirement of 16-18 years old
* Must be able to serve all the dates chosen
* Complete volunteer application and submit any additional required documents
* Interview with Program Director
* Complete Blindness and Sensitivity Training which will be held in late June

Applicants who are unable to attend mandatory meetings, training, or the entire duration of camp will not be accepted.

**VOLUNTEER INFORMATION**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

t-shirt size: Small Medium Large xlarge

What grade will you be in Fall 2018? \_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPERIENCE**

1. How did you hear about the Carroll Center?
2. Have you ever participated in or volunteered at the Carroll Center at any level? If so, when and what did you do?
3. Please describe any previous volunteer experience:
4. Please describe any experience working with children who are blind or visually impaired, or children with disabilities:
5. Why do you want to be a Volunteer Activities Assistant?
6. Are you volunteering to meet some school or civic requirement. If so please elaborate:
7. What do you hope to gain from this volunteer experience?

**Please select at least one day option to volunteer indicating a 1 for first choice/ 2 for second choice.**

**Volunteer Dates as follows:**

* **Field Trip Tuesdays: , 8 am to 4 pm --July 10, 17, 24, 31, August 7 and 14**
* **Thursday Evenings Clubs: 3 to 8 pm-- July 12, 19, 26, August 2 and 9**
* **Sunday Talent Club: 2 to 6 pm-- July 15, 22, 29, August 5 and 12**
* **Tuesday and Thursday evenings: 6 to 8 pm: July 10, 12,17, 19**

**PARENT OR GUARDIAN INFORMATION**

1. Parent 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Parent 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT (Please list one different than above)**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH AND MEDICAL INFORMATION**  
The following information MUST be complete.

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies? Yes or No If yes, please list ALL allergies and/or dietary restrictions:

Medical/Health Issues? Yes or No If yes, please describe medical/health issues:

Date of last Tetanus Shot:

Do you take any over-the-counter medications? Yes or No

If yes, please list ALL over-the-counter meds with administration instructions and times.

**Thank you for completing the application to be a Volunteer. Important information and updates will be sent through the contact information you have provided in this application. If you have any questions, please let us know.**

**Please submit your completed application along with a copy of your resume and two references who are non-family members**

**Send complete application by mail or email to:**

**Janet Perry**

**Carroll Center for the Blind**

**770 Centre St, Newton, MA 02458**

[**Janet.perry@carroll.org**](mailto:Janet.perry@carroll.org)

**617-969-6200**