**Summer 2020 Volunteer Activities Assistant Application**

Thank you for your interest in volunteering for the Carroll Center Youth Program! Apply today to be a Volunteer Youth Program Activities Assistant to a Carroll Center camper. Volunteers will participate in our summer youth programs with teenagers who are blind or visually impaired, both on our Newton campus and on field trips in the Greater Boston area. Our campers participate in a various activities and field trips including archery, rock climbing, canoeing, amusement parks, arts and crafts and so much more. For more information on our summer programs, please visit our website (www.carroll.org).

**Our Summer programs run from July 6 through August 13**

**Volunteer Dates: (choose one or two days of the week to volunteer below)**

**Field Trip Tuesdays (8 am to 4 pm): July 7, 14, 21, 28, August 4, 11**

**Thursday evenings clubs/activity (3 to 8 pm): July 9, 16, 23, 30, August 6, 13**

**Sundays Talent Club (2 to 6 pm): July 12, 19, 26, August 2, 9**

**Tuesday and Thursday evenings (6-8pm): July 7, 10, 14, 16, 21, 23, 28, 30, August 4, 6, 11, 13**

**APPLICATION DEADLINE: May 29, 2020  
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 a 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, ensuring safety, and providing 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 this 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 NEED to attend mandatory meetings AND training, AS WELL AS COMMIT TO the entire duration of camp TO be CONSIDERED.

**VOLUNTEER INFORMATION**

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

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

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

T-shirt size:  Small  Medium  Large  X large

What year of school will you be in Fall 2020? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you hope to gain from this volunteer experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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  No If yes, please list ALL allergies and/or dietary restrictions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_\_\_\_

Do you take any over-the-counter medications?  Yes  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. If you have any questions, please contact Angelina Todaro, HR & Project Coordinator,** [**angelina.todaro@carroll.org**](mailto:angelina.todaro@carroll.org) **(617) 969-6200.**

**Please scan and email your completed application along with a copy of your resume and one reference (who is a non-family member)** **to: Angelina Todaro,** [**angelina.todaro@carroll.org**](mailto:angelina.todaro@carroll.org)**.**