



Summer 2020 Volunteer Activities Assistant Application

Thank you for your interest in volunteering for the Carroll Center Summer Youth Program! Volunteers will participate in our summer youth programs with teenagers who are blind or visually impaired. Our summer students participate in various activities both on our Newton campus and on local outings. Some examples might include archery, arts and crafts, sports, music, water fun, cooking and so much more!

Our Summer programs run from July 6th through August 20th

Application Deadline is June 5, 2020

VOLUNTEER QUALIFICATIONS

- Important: age requirement of 16 years of age
- Have high level of leadership, energy, accountability, and responsibility
- Ability and enthusiasm for working outdoors in heat and rain drizzle
- Commitment to the entire duration of the summer program is strongly preferred
- Successful interview with Program Director
- Blindness and Sensitivity Training – Mandatory Attendance (held in late June)
- Ability to walk for extended distances in unfamiliar surrounding without assistance
- Ability to visually monitor students' adherence to program safety guidelines (i.e. wearing masks, social distancing, hand hygiene)
- Attend mandatory meetings and training

VOLUNTEER DESCRIPTION

Volunteer Activities Assistants are matched to a summer student, who is blind or visually impaired, for a specific activity. Volunteer responsibilities include assisting with recreation activities such as sports, crafts, walks and more; working together with instructional staff on areas of education; and ensure students are engaged in the activity. Volunteers are responsible for staying with their student AT ALL TIMES, ensuring safety and providing tons of energy and motivation, both being part of the fun! Activities Assistants will also be required to monitor and model program guidelines for COVID-19 safety.

VOLUNTEER AVAILABILITY

Please check the boxes for one or more of the following options.

Clubs and activities Monday through Friday (3 to 6pm)

Days of the week I'm available are: _____

Days of the week I'm unavailable (if any) are: _____

Clubs and activities Monday through Friday (5 to 8pm)

Days of the week I'm available are: _____

Days of the week I'm unavailable (if any) are: _____

Activities Saturday Daytime

Activities Sunday Daytime

VOLUNTEER INFORMATION

First Name: _____ Last Name: _____

Address: _____

Gender: _____ Cell Phone: _____ Home Phone: _____

Email: _____ Preferred Method of Contact: _____

Restrictions if any (for example, allergies, lifting): _____

T-shirt size (select from the following options):

Small

Medium

Large

X large

For students:

Year of school in Fall 2020? _____

Name of school: _____

Photo Release (select from the following options):

I accept that photos and videos may be taken of me

I *do not* accept that photos and videos may be taken of me

I would like to receive event and promotional emails

PARENT OR GUARDIAN INFORMATION (if under 18 years of age)

Parent/ Guardian 1 Full Name (first and last): _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Parent/ Guardian 2 Full Name (first and last): _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

EMERGENCY CONTACT

*If you completed the fields above ("Parent or Guardian Information"), you can skip this next section.

Full Name: _____

Relationship: _____

Home Address: _____

Cell Phone: _____ Other Phone: _____

Email: _____

REFERENCE

Individual who can be contacted (non-family member)

First Name: _____

Last Name: _____

Cell Phone: _____

Home Phone: _____

Email: _____

EXPERIENCE

1. How did you hear about the Carroll Center? _____

2. Have you ever participated in an event or volunteered at the Carroll Center? If so, when and what did you do?

3. What volunteer work have you done in the past?

4. Do you have any hobbies or recreational activities you enjoy doing (for example running or arts and crafts)?

5. Do you have a connection to someone who is visually impaired or blind?

6. Why do you want to be a Volunteer Activities Assistant?

7. Are you doing this volunteer program to satisfy a requirement (for example, for school or corporate)?

If so, will your hours need to be verified? Yes No

Please provide the contact name and contact's phone or email:

8. What do you hope to gain from this volunteer experience?

Please scan and email your completed application along with a copy of your resume (if you have one) to Angelina Todaro, angelina.todaro@carroll.org. Additionally, please contact Angelina with any questions, you have any questions (617) 969-6200.