

Summer 2021 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 12th through August 17th

Application Deadline is June 28, 2021

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.

	_ On campu	us field day, (9	9am to 3pn	n, Tuesda	y, July 1	3 th)					
	_ Clubs & A	ctivities (3 to	6pm):	_ Mon	Tue		Wed		Thur _	Fri	
	_ Clubs & A	ctivities (5 to	8pm):	_ Mon	Tue		Wed		Thur _	Fri	
	_ Field Trips	s (Tuesdays 8	3:30am to 5	ōpm) *thro	ughout t	he dura	tion of	the pro	ogram		
	_ Field Trips	s (Saturdays ⁻	10am to 3p	om) *throu	ghout the	e duratio	on of th	ne prog	ıram		
	_ Field Trips	s (Sundays 10	Dam to 3pn	n) *througl	hout the	duration	n of the	progr	am		
the		gagement Ass he program	sistant for l	unch time	plus sto	re admi	in. help	(12:1	5 to 2:1	5pm) *t	hroughout
	_	Mon	Tue	Wed	d	Thur _	Fri				

VOLUNTEER INFORMATION First Name: _____ Last Name: ____ Address: Gender: Cell Phone: Home Phone:

Restrictions if any (for example, allergies lifting):	
T-shirt size (select from the following options):	
Small	

Preferred Method of Contact:

Large X large

Medium

For students:

Email:

Year of school in Fall 2021? _____ 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 Full Name:	, .
Relationship:	<u> </u>
Home Address:	
Cell Phone:	Other Phone:
Email:	<u> </u>
REFERENCE Individual who can be contacted (non-family member)	
First Name:	
Last Name:	<u> </u>
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 <u>copy of your resume</u> (if you have one) to Angelina Todaro, <u>angelina.todaro@carroll.org</u>. Additionally, please contact Angelina with any questions, you have any questions (617) 969-6200.