

Attention – Volunteers Needed !

Family Learning Vacation 2009

*Friday, August 14 through Sunday, August 16
At the beautiful Lions Camp in Rosholt, WI*

Join us for Family Learning Vacation 2009, August 14-16, where you can volunteer your time and talents, helping to create a memorable weekend of fun and learning for families with d/Deaf and hard of hearing children from throughout Wisconsin. Volunteers are needed to help with a variety of activities during the weekend, including working directly with children while parents are attending educational sessions.

This is an excellent learning opportunity for Interpreting, Education or Speech-Language Pathology students who want hands on experience working with children or adults who are d/Deaf or hard of hearing. Letters of reference will be provided on request.

Parents who have older children with hearing loss and anyone who has experience working with children who are d/Deaf or hard of hearing are also encouraged to apply to be an FLV volunteer. If you are one of the many volunteers who have helped at FLV in the past, then you know the wonderful experiences that FLV brings to children, parents, friends, staff and volunteers. This special annual event is not possible without our committed volunteers, and we hope you will join us again this year to share your knowledge and skills with others.

Please note that all volunteers must be able to commit to helping throughout the **ENTIRE** weekend. Food and lodging are provided and volunteers may bring their children, if space is available, for a fee.

To be a volunteer at FLV 2009, please complete all of the enclosed forms and return via mail, fax or email, no later than June 30, 2009 to:

**Center for the Deaf and Hard of Hearing
Attn: FLV
10243 W. National Ave.
West Allis, WI 53227
Email: kmalak@cdhh.org
Fax: 414-604-7200**

Volunteer confirmation letters will be mailed out in July and volunteer assignments and housing arrangements will be given to you when you arrive for registration on Friday, August 14. We will do our best to accommodate requests. If you have any questions, please call Kerry at 414-604-7202 (V) / 888-742-7651 (TTY) or email kmalak@cdhh.org. We hope to see you there!

Chris

Chris Kometer
Program Director, CDHH Child and Family Program

10243 W. National Ave. West Allis, WI 53227
414-604-2200 (Voice) – 888-742-7651 (TTY) – Fax: 414-604-7200
Website: www.cdhh.org



VOLUNTEER APPLICATION FORM

CDHH Family Learning Vacation

August 14-16, 2009

(An application form must be submitted for EACH volunteer)

Name: _____ Deaf/HoH/Hearing: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () - Evening Phone: () -

Cell Phone: () - Email: _____

Are you a returning volunteer? YES / NO

Previous years you have volunteered at FLV: _____

Age group you worked with at the 2008 FLV: _____

**Note: Volunteers are expected to attend all 3 days and do not have to pay the registration fee, food or lodging. Donations, however, are appreciated to help support FLV.*

PLEASE COMPLETE ALL INFORMATION BELOW:

Sign language Skills:

- None
- Basic/beginner
- Conversational/Intermediate
- Fluent in ASL
- RID
- WITA I ___ T ___

First Aid/CPR (training/certificate)

- First Aid _____
- Infant CPR _____
- CPR _____

Age Group Preference:

- 0-2 years old
- 3-5 years old
- 6-8 years old
- 9-11 years old
- 12 and up

Areas of Interest/Special Training:

- Lead Volunteer
- Pontoon Boat Driver
- ASL Storytelling
- Sports
- Fishing
- Archery
- Teaching ASL
- Finger spelling
- Camping skills
- Drama/Acting/Mime
- Clown
- Wildlife
- Arts and Crafts
- Other _____

T-shirt Size:

- Small
- Medium
- Large
- X-Large
- XX Large
- XXX Large

Cabin Preference*: _____

Roommate Preference*: _____

Comments: _____

**Every effort will be made to accommodate requests.*

PLEASE COMPLETE BACK SIDE OF THIS FORM

Do you require any special accommodations? If yes, please explain: _____

VOLUNTEERS MAY BRING THEIR CHILDREN, IF SPACE IS AVAILABLE. See fees below.

Are you planning to bring your children? YES / NO

If yes, please list below:

Name	Age	HOH/Deaf/Hearing*	T-Shirt Size (Circle 1)
			Child S / M / L or Adult S / M / L
			Child S / M / L or Adult S / M / L
			Child S / M / L or Adult S / M / L
			Child S / M / L or Adult S / M / L

Fees for children of volunteers (please include check payable to CDHH with your application):
Ages 1 - 3: \$30 each Ages 4-12: \$55 each

If bringing your child with hearing loss, do you plan to attend any parent workshops?
YES / NO

Will your child be participating in the organized children's groups? YES / NO

Volunteers are required to be at Lions Camp by 1:00 PM on Friday, August 14 through 1:30 PM on Sunday, August 16.

**Please mail, fax or email this application form
by June 30, 2009 to:
CDHH
Attn: FLV
10243 W. National Ave.
West Allis, WI 53227

Email: kmalak@cdhh.org
Fax: 414-604-7200**

If you have any questions, please call Kerry at 414-604-7202 (V) / 888-742-7651 (TTY) or email kmalak@cdhh.org. Confirmation letters for all volunteers will be sent out in mid-July.

Thank you for your time in filling out this form!