

Lake Joe: All Hands on Braille Camp Volunteer Application Form



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About Braille Camp

CNIB Lake Joe is proud to be offering the first annual All Hands on Braille Camp! This exciting and interactive program will be offered to beginners as well as those looking to enhance their skills in braille. Participants will be spending time learning Unified English Braille (UEB) as well as Living Skills, in beautiful Muskoka at Lake Joe. Participants will also have the opportunity to enjoy some of the recreation that Lake Joe has to offer: swimming, canoeing, kayaking, basketball, camp fires and more! Volunteers are required to ensure that each of the 20 participants get the most out of their experience! Volunteers must be comfortable and literate in Braille.

Volunteer Position Summaries:

Head Braille Instructors: July 27th to August 2nd, 2014

The Head Braille Instructor must be comfortable with UEB. Head Instructors must be comfortable and have related experience in teaching braille, preferably experience teaching braille to youth. Head Instructors are responsible for the week long session plans, as well as the planning/support the braille needs/requirements for the recreational programming. The Head Instructors will be working with a committee to ensure appropriate evaluation tools are in place, as well as testing/quizzing and certificates of achievement for the youth. The Head Instructor will have some earlier involvement through teleconference for the planning and set up/wrap up of the programming.

One on One Braille Mentor: July 27th to August 2nd, 2014

The One on One Braille Mentor must be comfortable with braille, not specifically UEB. Head Instructors must be comfortable and have related experience in braille. Support Instructors are responsible for assisting with the week-long braille instruction plans as well as the planning/support the Braille needs/requirements for the recreational programming. The One on One Braille Mentor will have some earlier involvement through teleconference for planning and preparing to work with their assigned youth. The One on One Braille Mentor will support the Head Braille Instructor with Participant Assessments during the session at Lake Joe as well as at three other points throughout the year.

ILS (Independent Living Skills) Instructor: July 28th to August 1st, 2014

ILS Instructors will be working with the Campers throughout the week. They will be working with the campers during meals and at non-braille instruction time to help campers increase their ILS skills. This will be an on-site position.

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<p>Part 1: Personal Information</p> <p>(Optional): <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Name: _____</p> <p>Address: _____ _____</p> <p>City: _____</p> <p>Prov: _____ Postal code: _____</p> <p>Major Intersection: _____</p> <p>Home phone: _____</p> <p>Alternate phone: _____</p> <p>Email: _____</p> <p>Languages; Spoken: _____</p> <p>Written: _____</p> <p>Read: _____</p> <p>Are you legally eligible to work and live in Canada?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Part 2: Optional Information</p> <p>The following information will be used to match you with a suitable volunteer role.</p> <p>Age: _____(18 or older)</p> <p>Birth Date: _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Part 3: Accessibility</p> <p>What is your format of choice for future correspondence?</p> <p><input type="checkbox"/> Email (CNIB standard 12 to 14 pt)</p> <p><input type="checkbox"/> Hard copy (CNIB standard 12 to 14 pt)</p> <p><input type="checkbox"/> Large Print Hard copy Preferred font size: _____ pt</p> <p><input type="checkbox"/> Braille</p> <p>Part 4: Emergency Contact</p> <p>Name: _____</p> <p>Daytime phone: _____</p> <p>Evening phone: _____</p> <p>Relationship: _____</p>
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Part 5: Experience and Skills

Occupation: _____

Education or field of study: _____

Employer or affiliates: _____

Current / recent volunteer experience: _____

Work experience: _____

Skills, training, licenses, certificates: _____

Hobbies and interests: _____

Resume attached. yes no

Are You Fluent in Braille: yes no

Are You Fluent Through: vision touch

Part 6: Accommodations for Onsite Portion of Braille Camp

Head Instructor Volunteers will have single accommodations while at Lake Joe. One on One Mentor Volunteers and ILS Instructors will enjoy shared accommodations with one other Support Instructor.

Meals for volunteers will be provided once they arrive on site. Lake Joe would be happy to provide transportation for Head Instructors, One on One Support Instructors as well as ILS Instructors from Yorkdale Mall in Toronto.

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Part 7: Volunteering

Why did you choose to volunteer for CNIB Lake Joseph Centre? _____

How did you hear about CNIB Lake Joe volunteer opportunities? (Check all that apply)

- word of mouth media: _____ website: _____
- organization/association/volunteer centre: _____
- Other: _____

Which Braille Training volunteer position are you interested in?

- Head Braille Instructor One on One Mentor ILS Instructor

Part 8: References

Please list three people, preferably not relatives or close friends, whom CNIB can contact for references. For example: teacher, volunteer coordinator, employer or work colleague, etc.

1. Name: _____ Relationship: _____
Phone: _____ Email: _____
Address: _____

2. Name: _____ Relationship: _____
Phone: _____ Email: _____
Address: _____

3. Name: _____ Relationship: _____
Phone: _____ Email: _____
Address: _____

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Part 9: Declaration

Please read the following carefully before signing and submitting your application.

- I declare all the information provided on this application form and in any other accompanying documents is complete and true in every respect.
- I understand failure to completely and truthfully answer the questions asked of me, when discovered, will constitute grounds for immediate rejection of my application or, if already accepted as a volunteer, immediate dismissal for just cause.
- I give CNIB permission to contact any references given to secure information relevant to my application.
- I understand that reference reports and personal information which become part of this application will be regarded as confidential pursuant to the Freedom of Information and Protection of Privacy Act.
- I hereby grant CNIB the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of any photograph/ video/interview/testimonial taken of me for use in connection with CNIB activities or promotion.
- I declare that I will acquire a current police clearance check, at own expense.

Signature of Applicant

Date

Thank you for your interest in volunteering with CNIB

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