

Application/Nomination Form Virginia Guide By Your Side Program

The Virginia Guide By Your Side (GBYS) program is designed to provide emotional support and specialized, un-biased knowledge from trained parents of children who have hearing loss. The attached job description provides more information about responsibilities, skills and abilities of the Family Guide position.

SECTION ONE:

Name: _____

Home Address: _____

City, State, Zip _____

County/City of Residence: _____

Email: _____

Phone Number: (Day) _____ (Evening) _____

Language(s) Spoken: _____ Do you Sign? Y N

Child's Age: _____ Disability(ies): _____

SECTION TWO:

What strengths do you have that would make you a good Family Guide?

What information was helpful to you in making decisions about your own child and how did you find that information?

Instructions: Complete the application by providing the information requested below. Be sure to include completed reference form (attached) and send it with this application. Questions should be directed to Dana Yarbrough at dvyarbrough@vcu.edu or (804) 828-0352. PLEASE RETURN BY JUNE 30, 2007

If you are interested in being considered for a Family Guide position, and need special accommodations to apply, contact Dana.

Send completed applications to: Dana Yarbrough
Partnership for People with Disabilities
P.O. Box 843020
Richmond, VA 23284

OPTIONAL:

To ensure diversity, please provide ethnicity: _____

What does the word “unbiased” mean to you as it relates to children with hearing loss?

Briefly summarize your experiences in raising a child who has a hearing loss.

SECTION THREE:

Please list two references and have each reference complete the attached letter of reference.

Name	Phone	Email

SECTION FOUR:

We plan to schedule telephone interviews. We anticipate the interview taking 30 minutes. Circle the best time to call you:

9:00 a.m. to 12:00 p.m.

1:00 p.m. to 5:00 p.m.

6:00 p.m. – 9:00 p.m.

 Best number to call

Check here if you need special accommodations for the interview (specify _____)

SECTION FIVE:

By signing below, you understand that completion and selection for the Guide-By-Your-Side program requires a commitment of time, motivation, and energy. Individuals selected as a Family Guide are required to attend a two-day skill building training, have a criminal background check completed, and commit to participating in the program for a minimum of one year.

Signature: _____ Date: _____

Virginia Guide By Your Side Program

Job Description

The Family Guide will work with parents of newly diagnosed children with hearing loss by:

- Contacting parents and arranging for home visit(s)
- Providing VEHD Parent Guide and other support materials to the family
- Reviewing these materials with the family
- Answering or getting answers to the family's questions
- Providing information on parent support groups and other resources
- Offering support, encouragement and compassion
- Presenting information on early intervention (Part C) programs and assisting parents in making contact with their local program
- Providing unbiased information on communication options and the unique needs of children with hearing loss
- Preparing and submitting appropriate paperwork

Skills and Qualifications

- Be a parent of a child with hearing loss
- Listen and communicate effectively
- Be able to describe communication and educational options in an unbiased manner
- Attend initial and periodic trainings
- Willingness to learn and use a scripted intervention approach with families
- Demonstrated ability to offer appropriate compassion and understanding to families with newly diagnosed children with hearing loss
- Knowledge of (or willingness to learn about) local, regional and state resources
- Share information about self and others with ethical and confidential considerations
- Commit to being a Family Guide for a minimum of one year
- Successfully complete a criminal background check

Reimbursement:

Family Guides: will meet with parents via telephone and a minimum of one face-to-face contact for a total of up to 6 hours for each family. The Family Guide will be reimbursed at \$15/hr for a maximum of \$90.00 per matched family. Additional time spent by the Family Guide with a matched family is at an in-kind volunteer match and not reimbursed. When Family Guides travel to meet families, mileage is reimbursed at .485/mile.

LETTER OF REFERENCE

Virginia Guide By Your Side Program

The Family Guides for the Virginia Guide By Your Side Program are parents of children who have hearing loss. Individuals selected for this program will attend skills building training and will be matched with families with newly diagnosed children to provide emotional support and unbiased information on communication options for children who have hearing loss. Completion of the application, letters of recommendation and subsequent selection for the Guide By Your Side Program requires a commitment of time, motivation, and energy.

Name of Applicant: _____

All letters of reference should be sent to: Dana Yarbrough, Partnership for People with Disabilities, P.O. Box 843020, Richmond, VA 23284 or faxed to (804) 828-0042.

What is your relationship to applicant?

How long have you known applicant and in what capacity?

In your opinion, would the applicant be able to make a commitment to attend a two-day training session, complete all required paperwork, and participate for a minimum of one year in the program? If so, briefly describe why?

In your opinion, is there anything that would keep the applicant from participating as a Family Guide? If so, briefly describe.

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Please give a brief narrative of why you feel the individual should be selected as a Family Guide in the Virginia Guide By Your Side Program.

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Please tell us about yourself:

Name		Occupation	
Street Address:		City/Zip:	
Phone:		Email address:	

Thank You!