



TEXAS
HEARING
INSTITUTE

Project T.A.L.K. 2024 Summer Camp Volunteer Application

Please print all information and email to snichols@texashearing.org

Today's Date: _____

GENERAL INFORMATION:

Name _____ Date of Birth _____

Home address _____

City _____ State _____ Zip _____

Cell Phone _____ T-Shirt (Adult) Size: (*circle one*) XS S M L XL XXL

E-mail address _____

1) Are you a past: Project TALK Camper Project LEAD Participant Volunteer

2) How did you learn about our volunteer program? (*Please check all that apply*)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Texas Hearing Institute website | <input type="checkbox"/> Social Media | <input type="checkbox"/> Television |
| <input type="checkbox"/> <i>The Voice</i> Quarterly Newsletter | <input type="checkbox"/> School | <input type="checkbox"/> Current/Previous THI Volunteer |
| <input type="checkbox"/> Other: _____ | | |

3) Tell us a little bit about you and why you want to volunteer with Project TALK: _____

4) Please list all experience working with children: _____

VOLUNTEER ASSIGNMENTS AND DATES (*Please select from below*)

- Project T.A.L.K Summer Camp Daily Volunteer
- Dates: July 15-19, 7:45 A.M. – 3:45 P.M.
 - Minimum age: 18 years
 - Preference will be given to volunteers who commit to attend all 5 days of camp
 - All volunteers are required to attend Camp Orientation on Thursday, July 11
 - Role: Assist our Speech-Language Pathologists with group activities and projects, as well as with any camp preparations, set up, and clean up.
 - Maximum hours available: 40 (8 hours daily)
- Camp Set Up and Decoration
- Date: Friday July 12, 10:00 A.M. – 3:00 P.M.

- Minimum age: 16 years
- Role: Help our Speech-Language Pathologists prepare for summer camp by decorating and organizing the designated rooms and activity areas.
- Maximum hours available: 5

Camp Take Down and Clean Up

- Date: Monday July 22, 10:00 A.M. – 3:00 P.M.
- Minimum age: 16 years
- Role: Help our Speech-Language Pathologists breakdown any activity rooms and decorations from summer camp, pick up and dispose of leftover trash, and return the designated areas to normal business operations.
- Maximum hours available: 5

Please list any times you'll be unavailable during the selected volunteer activity, if any:

IN CASE OF EMERGENCY CONTACT: (Required)

Name: _____ Relationship: _____
 Email: _____ Phone Number: _____

I understand and agree to the time/training requirements needed for the volunteer position. In addition, I agree to contact Schoey Nichols at snichols@texashearing.org if I am unable to attend my scheduled shift. I understand that all client information (including client names) is private and confidential and cannot be discussed outside of Texas Hearing Institute. I understand that I am acting as a volunteer and not an employee of Texas Hearing Institute and, therefore, will not be compensated for my service.

** Parent Signature is required for all volunteers under the age of 18.*

Signature: _____ Date: _____

Parent Signature: _____ Date: _____