

## Project T.A.L.K. 2025 Summer Camp Volunteer Application

Please print all information and email to <a href="mailto:snichols@texashearing.org">snichols@texashearing.org</a>

		Today's Date:	
GEI	NERAL INFORMATION:		
Nai	me	Date of Birth	
Но	me address		
City	/	State Zip	
Cel	l Phone	T-Shirt (Adult) Size: ( <i>circle one</i> ) XS S M L XL XXL	
E-n	nail address		
1)	Are you a past:  Project TALK Camper [	] Project LEAD Participant 🗌 Volunteer 🗌 N/A	
2) How did you learn about our volunteer program? (Please check all that apply)			
		Social Media       Television         School       Current/Previous THI Volunteer	
3)	Tell us a little bit about you and why you wa	nt to volunteer with Project TALK:	
4)	Please list all experience working with children:		
vo	LUNTEER ASSIGNMENTS AND DATES (Please	elect from below)	
	<ul> <li>Project T.A.L.K Summer Camp Daily Voluntee</li> <li>Dates: July 14-18, 7:45 A.M. – 3:30 P.M.</li> <li>Minimum age: 18 years</li> <li>Preference will be given to volunteers w</li> <li>All volunteers are required to attend Car</li> <li>Role: Assist our Speech-Language Pathol preparations, set up, and clean up.</li> <li>Maximum hours available: 40 (8 hours d</li> </ul>	no commit to attend all 5 days of camp np Orientation on Thursday, July 10 ogists with group activities and projects, as well as with any camp	

Camp Set Up and Decoration

• Date: Thursday, July 10, 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 21, 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 will 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 <u>snichols@texashearing.org</u> 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: