

## CNI Cochlear Kids Camp Volunteer Notes

Thank you for your interest in volunteering at our CNI Cochlear Kids Camps. As you may have already noted, our website has links to various forms that we use - a volunteer registration form, a CNI release form and a YMCA waiver form - all three of which must be completed and submitted for each interested volunteer. Also, as you may have noted, we ask that volunteers be onsite throughout the entire camp weekend...you'll note on the application form that two camp sessions are listed – please indicate whether you want to volunteer at one or both by filling this section out.

Due to our budgetary constraints, we cannot cover travel expenses nor can we accommodate family members of our volunteers. Once we receive the application materials from volunteers, we compare their skills with our needs and then we have the challenging task of determining which of the many interested folks we can invite to join us. We make every effort to get back in touch with all interested applicants as soon as possible so that they can make travel and time-off arrangements.

Because we are a small, non-profit organization, we run "lean" - meaning that we have only enough volunteers at each camp to meet our needs, with virtually no excess. This means that all of our volunteers stay quite busy and that we count on each person to fulfill his/her commitments. We ask our volunteers to help with whatever is needed at camp - that includes being with the children/families and also helping to staff our registration, information and check-out desks. We do not ask volunteers to help prepare meals, wash dishes or change sheets, etc - the on-site YMCA staff does the housekeeping for us.

A typical volunteer might have a schedule something like this:

### **First Day**

Afternoon - help with registration/check-in

Evening - attend the welcome events and activities with families and then join the families in the gathering rooms for conversation

### **Middle Days**

Morning

Group Photo

Accompany a group of 4-5 families, along with a YMCA counselor and provide sign language as needed on a group activity

Accompany a group of children, along with a YMCA counselor and provide sign language as needed

Afternoon

Staff the information desk and prepare for evening activities

Evening

Provide sign language assistance to a children's group, along with a YMCA counselor, as they participate in various activities

## **Last Day**

### **Morning**

Help with check-out

Join other volunteers for an optional, CNI-paid horseback ride

Finish by noon

As you can see, our volunteers are vital to the success of the camp and we keep them very busy, although, believe it or not, there really is time for meals and sleeping during the weekend! The families who attend camp are really amazing and the children are the very best part – many volunteers come back year after year just to be a part of this experience and to watch these very special youngsters grow and develop with greater confidence and blossoming personalities.

A few other notes -

We have found over the years to stress to volunteers that the climate and altitude at camp can have a huge impact. Our camp is located at about 8,000 feet above sea level where it's very dry and there is less oxygen. This is note-worthy because several times we have had very well-intentioned volunteers come to camp, only to get headaches and immediate fatigue from altitude sickness. The result is that they spend the entire time in their rooms, unable to volunteer. As you can expect, this is a “lose-lose” situation – we have a volunteer who wants to help but can't, and we have a gap in our schedule that we can't fill since we don't bring extra volunteers. As you think about our camp, consider whether the altitude may be a problem for you.

Now that you've read more about volunteering at our CNI Cochlear Kids Camps, please consider whether you are interested in joining us. If so, please print, complete and send in the three forms to the address listed on the paperwork. We're grateful for your interest and look forward to hearing from you!

Judith Stucky, MA, LPC

Program Director

CNI Center for Hearing

303-806-7416 voice

303-788-5469 fax

[jstucky@thecni.org](mailto:jstucky@thecni.org) email

**Please scroll down to access the registration form.**

CNI Cochlear Kids Camp  
**Volunteer Presenter Notes**

Thank you for your interest in agreeing to present a workshop or seminar at our CNI Cochlear Kids Camps. As you may have already noted, our website has links to various forms that we use - a volunteer presenter registration form, a CNI release form and a YMCA waiver form - all three of which must be completed and submitted for each interested volunteer. You'll note on the application form that two camp sessions are listed – please note whether you wish to present at one or both by filling this section out. We also ask that you submit a brief outline or summary of the workshop topic and content you wish to present, as well as an overview of your credentials/expertise regarding that topic. Please let us know the target audience, the minimum or maximum size of audience preferred, the length of time for your presentation and any other details that might be helpful, including any needs you may have for audio/visual equipment beyond what you are bringing.

Although most of our presenters are from the metro Denver area, we also welcome inquiries from out-of-state. Please note, however, that as our website indicates, we do not cover travel expenses nor can we host family members of our volunteers or presenters. If you are traveling from outside of the metro Denver area, we may be able to provide you with one overnight stay – either the night before you present or the night following your presentation. This policy is in accordance with our guideline to keep costs to a minimum. If you are considering bringing an adult partner/spouse, please contact the camp coordinator to inquire about the costs for which you will be responsible.

Once we receive the application materials from interested volunteer presenters, we compare their topics with our needs to determine which workshops or presentations we can offer our camp families. We then contact applicants as soon as possible so that they can make travel and time-off arrangements.

Please note that our camp is located in the Rocky Mountains at about 8,000 feet above sea level where it's very dry and there is significantly less oxygen than that to which you may be accustomed. If you have any difficulties with altitude adjustment, you may wish to consult your doctor before deciding to volunteer.

Now that you know more about volunteering at our CNI Cochlear Kids Camps, please consider whether you are interested in joining us. If so, please print, complete and send in the three forms, as well as your topic summary/bio, to the address listed on the paperwork. We're grateful for your interest and look forward to hearing from you!

Judith Stucky, MA, LPC  
Program Director  
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**Please scroll down to access the registration form.**

## 2008 CNI Cochlear Kids Camps Volunteer/Presenter Registration Form



Mail all registration/release/waiver forms to:  
**CNI Cochlear Kids Camps, 701 E. Hampden Ave., Ste. 330, Englewood, CO 80113.**  
Please contact Judith Stucky at [jstucky@thecni.org](mailto:jstucky@thecni.org) or 303-806-7416 with questions.

**Circle one or both camp sessions:** June 19-22, 2008 **and/or** July 31-August 3, 2008

**Planned Arrival Date(s) at Camp:** \_\_\_\_\_ **Planned Arrival Time(s):** \_\_\_\_\_

**Planned Departure Date(s):** \_\_\_\_\_ **Planned Departure Time(s):** \_\_\_\_\_

**Volunteer / Presenter Information:**

Are you at least 18 yrs of age? Y / N

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

T-Shirt Size (circle one): Adult: S M L XL 2XL 3XL Sunday Morning Horse Ride: No Yes

CI Type: \_\_\_\_\_ Do you sign? \_\_\_\_\_ If so, what mode and what is your skill/comfort level? \_\_\_\_\_

Please indicate any preferences you may have regarding cabin/roommates. Please note that while we will make every attempt to accommodate, we cannot guarantee your request:

**Special Needs (Dietary, Medical, Allergies-Food/Drug), Etc):**

I give permission for my email address to be shared with other participating camp volunteers.

I give permission for my email address to be shared with other participating camp families.