

APPLICATION

Guide-By-Your-Side Program (GBYS)

Instructions: Complete the application by providing the information requested.

Please note: If you are interested in being considered for either the GBYS Program Co-Coordinator or Parent/DHH Adult Guide positions, but need special accommodations to apply, contact us. Spanish interpreters, ASL interpreters or CLT will be provided for candidates who qualify for an interview upon request. Questions about this application can be directed to: Katie Huray, at mddchandsandvoices@gmail.com or at (240) 780-2280.

Applicants should consider before applying that they can adhere to Maryland/DC Hands & Voices mission (provided below) and fulfill these minimum requirements of the position of a Parent Guide: (please check all that you will be able to fulfill)

1. Reliable means of transportation _____
2. Willing to meet with families within their home _____
3. Willing to attend the initial training and any additional trainings as needed _____

*Parent/DHH Adult Guides will be reimbursed for mileage as per policies and procedures

MD/DC H&V Chapter Mission: Maryland/DC Hands & Voices is dedicated to supporting families with children who are deaf or hard of hearing without bias around communication modes or methodology. We provide parents with the resources, networks, and information they need to improve communication access and educational outcomes for their children.

Application Section

Name:

Email address (if available):

Home Address:

City

State

Zip

County of residence: _____ Local School District: _____

Phone/VP Numbers:

Day _____ Evening _____

How did you learn about the Guide-By-Your-Side Program?

Why are you interested in a position with the Indiana Guide-By-Your-Side Program?

Why are you qualified for this position?

Please summarize your experience(s) in raising a child(ren) who is/are deaf, hard of hearing, deafblind, or deafplus:

1. Age of diagnosis and experience with diagnosis:

2. Experience with birth to 3 and/or educational services:

3. Experience with different technology and personal communication choice(s) for your own child/family:

4. Do you have experience with communication choices that are different from your personal belief system – please explain:

5. Please explain how you would support a family who makes a communication choice(s) that is/are different from your choice(s):

6. Please explain you comfort level of meeting with families in their homes:

7. What specific skills or areas of expertise do you feel you can bring to your role as a Parent Guide (e.g. experiences parenting your own child, informal support to other parents, familiar with resources in your area, etc..)?

8. Knowing what you know now, what would you like to see families of newly diagnosed children with hearing loss experience:

Please provide three references (include one from a professional and one from another parent)

Name:	Organization	Telephone and Email
1.	<hr/>	
2.	<hr/>	
3.	<hr/>	

Submit completed application by e-mail to mddchandsandvoices@gmail.com