

Variety Motor Mouth Camp Volunteer Application 2026

Form Preview

Camp Overview

Applications close 30th June 2026

Applications are now open for families and volunteers.

The Variety Motor Mouth Camp is a three day/two night camp. It will run from **Friday 9 October** until **Sunday 11 October, 2026** at the Lea Scout Centre/Hobart Bush Cabins in Hobart.

The camp is for children aged **6 - 18 years of age** who use **Augmentative and Alternative Communication (AAC)** systems and their families.

The camp developed by Variety Tasmania and supported by a group of volunteers that includes speech pathologists, teacher assistants, occupational therapists and Variety Tasmania staff.

We are looking for volunteers who are willing to attend for all days of the camp.

Part-time volunteers will also be considered. Please note that volunteers are not required to stay overnight but are most welcome to do so. Accommodation is provided in shared dormitories.

The main aim of the camp is for children using AAC and their families to become more confident using AAC systems. We hope to achieve this in a fun and relaxing environment.

For the eligibility and guidelines for volunteers, please click [here](#)

If you require assistance with your application please contact Jules Shea at Variety Tasmania on 03 6248 4888 or via email info@varietytas.org.au

Volunteer roles

AAC User Support - (suitable for those who have professional or personal experience with using AAC systems) This role includes:

- directly supporting an AAC user during the camp
- modelling language on a child's AAC system
- some behaviour support and/or sensory regulation as needed
- adapting camp activities to support participation

Sibling Support - (suitable for those who have experience with supervising children of varying ages) This role includes:

- supervising and engaging with siblings who attend camp
- running activities with small groups of children of varying ages

Program Support - (suitable for those who have experience with facilitating and running group activities such as, but not limited to, Educators, Teachers etc) This role may include:

- facilitating group activities as part of the camp program
- assisting with the design or set up of camp activities

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General Camp Support - (suitable for those who would like to assist with general camp operations) This role may include:

- assisting with catering
- set up and pack down of camp activities
- other flexible jobs

Please note: all volunteers are required to have a Working with Vulnerable People Card and Safeguarding Children training.

Applicant Information

* indicates a required field

Applicant Information

Contact Information *

First Name

Last Name

Organisation/School *

Organisation Name

Occupation *

Suburb

Phone Number *

Must be an Australian phone number.

Email Address *

Must be an email address.

Volunteer Capacity

* indicates a required field

Role you are applying for:

Role *

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- AAC User Support
- Sibling Support
- Program Support
- General Camp Support
- Other:

Please select at least two. You can select all options that you feel comfortable with

The following information will help us in our selection of volunteers:

Please provide a brief summary of your experience working with children who use communication systems (AAC)?

If you would like to support an AAC user, please specify what AAC systems you are familiar with and your experience with each.*

If you would like to support an AAC user and or their siblings, please tell us a bit about your experience with helping children to de-escalate behaviour or regulate emotions.

Why do you want to volunteer at Motor Mouth Camp? *

What would you like to get out of your time at camp? EG consolidate existing knowledge, learn something new, work experience etc.

Do you have any special interests or hobbies that may be considered in planning camp activities (eg. play a musical instrument, arts and crafts, sports coach etc) - please list

Working with Children

Do you have a current Working with Vulnerable People (WWVP) check? *

Yes

No

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If you do not have a WWVP, you will need to apply for one.

Working with Vulnerable People Number (WWVP) card number

Have you completed Safeguarding Training through a Government agency, eg, DECYP, THS etc.

- Yes
 No

If no, you will be provided with a link to a free online ACF Safeguarding Children Training, funded by Variety.

Senior First Aid Certificate

Do you hold a current Senior First Aid Certificate? *

- Yes
 No

Do you hold any other relevant qualifications? (Please list below)

Have you completed Manual Handling training?

- Yes
 No

Are you able to attend for the entire duration of camp? *

- Yes
 No

If not, please specify which days you WILL be available

Please note: Please only tick the days/nights you will be available.

It is not compulsory to stay overnight at camp. Camp activities can sometimes finish late in the evening at 9pm and morning activities would require you to be back on campus at 8.am.

Friday 03/10

- Morning Afternoon Evening

Saturday 04/10

- Morning Afternoon Evening

Sunday 05/10

- Morning Afternoon

Finish by 3pm / pack up

Do you require accommodation overnight? (it is not compulsory to stay overnight)

- *
 Yes
 No

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Health Information

* indicates a required field

Medical

Please list any medical conditions that we need to be aware of (e.g. asthma, epilepsy, diabetes, heart condition.)

We want camp to be an enjoyable experience for everyone. One of our First Aid Officers may be in touch to discuss your particular circumstances.

Please list any allergies or dietary requirements

Please provide any other information that may affect your participation at camp:

Emergency Contact Details *

First Name

Last Name

Phone Number *

Must be an Australian phone number.

Relationship *

Other Information

* indicates a required field

Are you able to attend a virtual information session to prepare for camp? *

Yes

No

A link will be sent to you closer to the date.

Is a child who you work with applying for Motor Mouth Camp? *

Yes

No

Unsure

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If yes, who?

T-shirts

We provide Motor Mouth Camp Volunteer Tshirts for you to wear and take home. If you have one from a previous year and do not require one, please select that option.

Click [here](#) for information about sizing

Please tick which size t-shirt you would prefer *

- Small
- Medium
- Large
- X Large
- XX Large
- XXX Large
- I'll bring my own Motor Mouth Camp Tshirt from a previous year

Please note that small is the smallest size we can offer.

Declaration & Volunteer Liability Waiver

* indicates a required field

DECLARATION OF ACCURACY OF INFORMATION GIVEN

To the best of my knowledge the above information is correct.

DISCLOSURE OF INFORMATION IN THE EVENT OF A PERSONAL EMERGENCY

I agree that my personal contact information may be disclosed in a personal emergency as necessary.

DECLARATION OF CONFIDENTIALITY

I understand that all information concerning Variety TAS and grant recipients/families is strictly confidential and any unauthorised disclosure of such information will be regarded as a breach of trust and may result in termination. I agree to abide by all Variety TAS policies and procedures.

Please indicate you have read and understand the above declaration: *

- Yes

Name *

First Name

Last Name

Date *

Must be a date.

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Volunteer Liability Waiver

Please read the following information carefully.

1. The Variety Motor Mouth Camp ("the Camp") offers a wonderful experience to its participants, and teaches them a great deal about themselves and the world around them. Our purpose in this document is not to cause you undue concern, but to point out that there are inevitable risks connected with the fun, excitement, and adventure of a camp experience but the risks associated with involvement must be taken by you.

2. By signing this Waiver form, you waive any and all claims for damages for death, personal injury, loss or property damage which you may have or which may hereafter accrue to you against the Camp, its organizers, its officers, directors, employees, agents, independent contractors and other representatives (hereinafter referred to jointly and severally as "The Variety Motor Mouth Camp") associated or connected with the Camp as a result of or connected with participation by the Children and you in the Camp.

By signing this document, you acknowledge that you agree to assume and bear sole responsibility for any risks to you and to INDEMNIFY AND HOLD HARMLESS The Variety Motor Mouth Camp from any harm and all risks of any nature arising in connection with the Camp.

This Waiver is signed in order for you to participate in the Camp activity for the personal enjoyment and benefit of the Children and is done so freely with full knowledge of the risk and dangers inherent in activities of the type likely to be conducted by the Camp.

3. You also agree to INDEMNIFY AND HOLD HARMLESS The Variety Motor Mouth Camp from any and all expenses, demands, claims, costs, losses and damages of any nature or kind directly or indirectly arising from or related to your participation.

4. By signing this document you acknowledge and agree as follows: (i) The waiver contained herein shall be binding upon the successors and assigns of the parties (ii) You have read, understood and agree to the terms of this document, including the waiver and indemnity contained herein.

I the undersigned HEREBY CERTIFY that I have carefully read the above document and the Application in the form attached and understand and accept fully the terms applicable to participation in the Camp contained therein. *

Yes

Name *

First Name

Last Name

Date *

Must be a date.

Variety TAS Contact Information

If you have any questions about the camp,
Please contact Jules Shea on 03 6248 4888.

Email: info@varietytas.org.au

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