

2024 Variety Motor Mouth Camp Volunteer Application Form Preview

Camp Overview

Applications close 28th June 2024.

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 4 October** until **Sunday 6 October, 2024** at the Lea Scout Centre/Hobart Bush Cabins in Hobart.

The camp is for children aged **8 - 18 years of age** who use **Augmentative and Alternative Communication (AAC)** systems and their families.

The camp developed by Variety Tasmania and funded through the support of the Motors Foundation and 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 Mel Knuckey at Variety Tasmania on 0407 512 315 or via email kidssupport@varietytas.org.au

Volunteer roles

Speech Pathologist - This role involves:

- Running group therapy sessions for children who use AAC devices
- Supporting volunteers to model language to children who use AAC
- Providing training and feedback to families
- Other duties as required.

Occupational Therapist - This role involves:

- Coordinating physical access supports for children who use AAC during camp activities
- Providing training and support to volunteers and families to manage the equipment and positioning needs for children who uses AAC
- Adapting camp activities for children to allow them to participate
- Supporting the sensory regulation needs of children who use AAC
- Other duties as required

Educators (teachers, teacher assistants and support workers) - This role involves:

- Provide modelling of AAC systems with children who use AAC as guided by the supervising speech pathologist

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- Assist in therapy activities
- Other duties as required

Students

- Provide modelling of AAC systems with children who use AAC as guided by the supervising Speech Pathologist
- Assist in therapy activities
- Other duties as required

Sibling recreational support workers

- Assist sibling recreational support coordinator to run fun activities for the siblings of children who use AAC that are attending camp

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

Applicant Information

* indicates a required field

Applicant Information

Contact Information *

First Name

Last Name

Organisation/School *

Organisation Name

Occupation *

Address *

Address

Suburb State Postcode

Must be an Australian postcode.

Phone Number *

Must be an Australian phone number.

Email Address *

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Must be an email address.

Volunteer Capacity

* indicates a required field

Role you are applying for:

Role

- Speech Pathologist
- Occupational Therapist
- Educator (Teacher, Teachers Assistant, Support Worker)
- Sibling recreation support worker
- Physio
- Nurse
- Student - Speech Pathologist, Occupational Therapist, Disability Support, Teaching
(Please advise us of your current course below)
- Other:

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)?

*Not applicable to sibling recreation program applicants

Please specify what AAC systems you are familiar with and your experience with each.*

*Not applicable to sibling recreation program applicants

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

Sibling recreation program role only - Please describe your experience supporting children with recreation activities.

This question is only applicable to sibling recreation program applicants

Working with Children

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

- Yes No

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

Working with Vulnerable People Number

Please provide us with your Working with Vulnerable People (WVP) card number *

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)

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 04/10

- Morning Afternoon Evening

Full day

Saturday 05/10

- Morning Afternoon Evening Overnight

Full day

Sunday 06/10

- Morning Afternoon

Finish by 3pm / pack up

Health Information

* indicates a required field

Medical

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

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 an virtual information session for families and volunteers to prepare for camp? *

Yes

No

This will be held online on the 6th September 2022 (evening session) - details TBC

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

Yes

No

Unsure

If yes, who?

T-shirts

Click [here](#) for information about sizing

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Please tick which size t-shirt you would prefer *

- Small
- Medium
- Large
- X Large
- XX Large
- XXX Large
- Other

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

T-shirts

If you ticked other, please list which t-shirt size you would like

Are you happy to be photographed and for the images to be used for Variety promotional purposes

- Yes
- No

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 Mel Knuckey on 0407 512 315.
Email: kidssupport@varietytas.org.au

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