APPLICATION / NOMINATION FORM
New Mexico Guide-By-Your-Side Program (GBYS)

Parents of children who are deaf, hard of hearing, deafblind or deaf with additional disabilities are encouraged to apply! Spanish Speaking Parents are encouraged to apply!

Hands & Voices New Mexico Chapter is establishing a Guide By Your Side Program and will be hiring up to three Parent Guides. Job description is attached and available on the website, hvnm.org. If you are interested, please complete the following application and submit to:

By e-mail (preferred): Parentgroup@hvnm.org

By US mail: Hands & Voices New Mexico Chapter
P.O. Box 98013
Albuquerque, NM 87199

Please complete the Mission of Hands & Voices New Mexico Chapter (HVNM):
Hands & Voices New Mexico Chapter is dedicated to supporting families with children who are deaf or hard of hearing without a bias around communication modes or methodology. We’re a parent-driven, non-profit organization providing families and others who care about children who are deaf or hard of hearing with the resources, networks, and information they need to improve communication access and educational outcomes for their children.

Please initial your ability to fulfill these minimum requirements of a Parent Guide:
1. ______ Willing to uphold the HVNM Mission Statement
2. ______ Reliable means of transportation and car insurance
3. ______ Willing to travel within your region or up to _____ miles
4. ______ Willing to meet with families within their home
5. ______ Willing to attend the initial training in Albuquerque (May 30/31) and additional trainings (1-2 per year)
6. ______ Willing to submit to background check
*Parent Guides will be reimbursed for mileage as per policies and procedures

Application

Name: ________________________________________________________

Email address: __________________________________________________

Street Address: __________________________________________________

City: __________________ State: ______ Zip code: ________________

County of residence: ________________________________

Local School District: ________________________________

Phone Numbers: Day: ________________________________

Night: ________________________________

Text Numbers: ________________________________
How did you learn about the Guide-By-Your-Side Program?
________________________________________________________________________________________

Why are you interested in being a Parent Guide with the Guide-By-Your-Side Program?
________________________________________________________________________________________

Do you have experience mentoring/advising/supporting other families? If so, please describe:
________________________________________________________________________________________

Please summarize your experience in raising a child who is 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 technologies and personal communication choices for your own family:
________________________________________________________________________________________

4. Do you have experience with communication choices that are different from your own choices:
________________________________________________________________________________________

5. Please explain how you would support a family who makes communication choices that are different from your own:
________________________________________________________________________________________
6. 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..)?

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

7. 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. ___________________________ ___________________________ ___________________________

2. ___________________________ ___________________________ ___________________________

3. ___________________________ ___________________________ ___________________________

Interviews for qualified applicants will be arranged in Santa Fe or Albuquerque. Please check the time frame and location that would work best for you to be interviewed as a Parent Guide with the Guide-By-Your-Side Program:

Time Frame: _____ 9 AM -- 12 PM  _____ 12 PM -- 3 PM

Location: _____ Santa Fe  _____ Albuquerque

ASL Interpreter  _____ I need an ASL interpreter

Recruitment Timeline:
Application Deadline: April 15th, 2014
Review of Applications / Scheduling of Interviews for Selected Candidates: April 21st - April 22nd
Interview Dates: April 23rd – April 30th
Decision Date: May 2nd
Initial Training Dates in Albuquerque May 30th – May 31st, Overnight Accommodations to be provided

Please email with any questions: Marjorie Madsen Keilers, Guide By Your Side Program Coordinator, mkeilers@alum.mit.edu