



# Guide By Your Side™ Program Coordinator and Guide Application

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## APPLICATION

### 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!***

**Instructions:** Complete the application by providing the information requested.

**Please note:** If you are interested in being considered for a Parent Guide position, but need special accommodations to apply, contact us. Spanish & ASL interpreters will be provided for candidates who qualify for an interview upon request. Questions can be directed to: Kim Reimann – voice or text (307) 258-0967.

**Applicants should consider before applying that they can adhere to the Wyoming Families for 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 Guides will be reimbursed for mileage as per policies and procedures

### **Wyoming Families for Hands & Voices Mission Statement:**

Wyoming Families for Hands & Voices is a parent-driven, non-profit organization that provides unbiased support to families with deaf and hard of hearing children to assist them in reaching their fullest potential. Through community, we work to improve education outcomes for our children and enhance their quality of life. Wyoming Families for Hands & Voices is part of the Hands & Voices National organization. Both organizations are known for providing unbiased support to families.



**Application Section**

Name:

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Email address (if available):

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Home Address:

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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?**

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

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**Why are you qualified for this position?**

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

**1. Age of diagnosis and experience with diagnosis:**

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**2. Experience with birth to 3 (First Steps) and/or educational services:**

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

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

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

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

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**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 other parents, familiar with resources in your area, etc..)?**

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

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**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.

\_\_\_\_\_ Check (✓) here if you need special accommodations for the interview.

\_\_\_\_\_ Check (✓) here if you would like an interpreter for the interview. Please check the language:

\_\_\_\_\_ Spanish    \_\_\_\_\_ ASL

**Recruitment Timeline:**

Please call or email with any questions: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Submit completed application** \_\_\_\_\_