



WELCOME ASSISTANT!

www.GiftsRetreats.com

7531 County Route 13, Bath NY, 14810
(607)776-3737 or 607-359-4422 Fax:(607)776-7390

E-mail: wellness@GiftsRetreats.com

Thank you for your interest in being a participant in **Wellness G.I.F.T.S.**, which offers get-a-way camping retreats for families with members with special needs. "Giving Inspiration For The Soul," is the objective of our retreats and your enthusiasm would be a great addition. We will be holding three retreats this summer: **June 19-21, July 24-26, August 28-30, September 25-27 2009** at Hickory Hill Family Camping Resort in Bath, NY.

One of the key ingredients to making these weekends a success is the role of assistants. Your job at the retreats will be to support and help a family for the weekend. This includes tasks such as helping at meal-time, running an errand, watching a child while a parent takes a walk or a nap, etc. You may also assist at the swimming pool, run arts and crafts or sports activities.

To be a part of the camping retreats, you will be required to attend a training day. At the training you will receive a manual about developmental disabilities, first aid procedures and basic operations of the retreats. You be notified of the day and time of the training day after your application is received.

To be an assistant at **Wellness G.I.F.T.S.**, please complete the following tasks:

- 1. Application:** Please complete the application form.
- 2. Reference:** Please ask an adult to fill out the reference form. We recommend a teacher, supervisor or co-worker, rather than a relative or someone who lives with you.
- 3. Meals/Benefits:** Your meals will be covered all weekend beginning Friday evening until Sunday. You will receive an information manual, T-shirt and a day of professional training. See back for "10 Top Reasons To Be An Assistant."
- 4. Lodging:** Campsites at Hickory Hill Family Camping Resort for Assistants is Free for Thurs, Friday and Saturday nights of the retreats. You are also welcome to commute from home or stay with a host family. (We will make the arrangements.)
- 5. Transportation:** You are responsible for your transportation to and from the retreat

Please send all of the above items at one time.

Mail the information directly to Christine Sproule, Director-Wellness GIFTS 3393 County Route 2, Addison, NY 14801.

We look forward to receiving your application and the gift of your time and energy for our special families. Please do not hesitate to call: 607-359-4422 or email: wellnessgiftsdirector@yahoo.com if you have any questions.

Christine Sproule
Director - Wellness G.I.F.T.S.



10 TOP REASONS to be an ASSISTANT at WELLNESS G.I.F.T.S.

1. ***"Give Inspiration For The Soul!"*** Seeing people helping people. Hearing stories of families that have "survived" challenges and stresses. Touching individuals with a hug or a handshake. These are the experiences that will inspire you and our families with individuals with special needs.
2. ***Get training/experience:*** Hands-on experience is a great item to put on a resume! You will have opportunities to learn new tasks, gain a marketable skill or perhaps make a connection for a future job.
3. ***Develop professional contacts:*** Representative from other agencies, speakers, parents, other professionals will all be on hand during these retreat weekends. Great opportunity to network and learn about the community.
4. ***Companionship/meeting people:*** Meet and mix with other people and widen your circle of acquaintances. Develop personal bonds that can spill over into other aspects of your life.
5. ***Sense of self-satisfaction:*** It just feels great to help someone in need! Increase your own self-esteem and bring needed services and support to others.
6. ***Learning about a field:*** Perhaps you have been interested in education, recreation, or the therapy fields. Learn more about these fields by actually working in the field.
7. ***Altruism:*** Helping others is a necessary part of a complete and good life.
8. ***Sharing a skill/talent:*** Your skills and talents are just waiting to blossom. Put yourself in this new situation where you'll be able to share your expertise!
9. ***Creating/maintaining an organization:*** Apply your entrepreneurial skills and energies to creating a program that grows and thrives. Success in this experience is contagious to other parts of your life.
10. ***Fun! Fun! Fun!:*** Who can't use a few more smiles and happy moments in their lives. Sticky marshmallows over the campfire, arts & crafts projects that go on the refrigerator, splashing in the swimming pool, a relaxing massage that makes your feet even smile, learning new information to make life easier or more fulfilling...



Wellness G.I.F.T.S. ASSISTANT APPLICATION-2009

I'm Available: ___ June 19-21 ___ July 24-26 ___ August 28-30 ___ September 25-27

Name: _____ Birthday: _____
 Address: _____ City _____ State _____ Zip _____
 Cell Phone: (____) _____ Home Phone (____) _____ T-shirt Size: _____

Preferred Lodging: ___ Campsite ___ Host Family ___ I will commute.
 Lodging Partner(s): _____

Who referred you to Wellness G.I.F.T.S. ? _____
 Current School/Employer: _____
 Position: _____

1. Why do you want to assist at a get-a-way retreat?

2. Describe any experience you have working with individuals with special needs:

3. List any volunteer work you have done:

On a scale of 1-5 (five being the highest), how would you rate yourself in the following areas?

Accepting responsibility _____	Leadership _____
Adaptability _____	Physical Stamina _____
Emotional stamina _____	Taking initiative _____
Experience with disability _____	Teaching ability _____
Following directions _____	Team player _____

Are you trained in any of the following?: CPR _____ 1st Aid _____ Water Safety Instruction _____

Do you speak another language? If so, what _____

ASSIGNMENT

1. Which age group would you prefer to work with (please choose two):

0-3 4-7 8-10 11-13 14-18 Adults

2. Do you have a request to be assigned to a specific family? _____

REFERENCES

1. Please send the attached reference to one individual – a teacher or supervisor is preferred rather than a relative or someone who lives with you.

2. List two other people who we may call for references:

Employer/Teacher_____
Location_____
Phone_____
Email _____

Personal Reference_____
Day Phone_____
Evening Phone _____
Email _____

2. Have you ever been arrested or convicted of any criminal or sex-offending charges? Yes No
Comment below

3. Have you had a background check, including fingerprinting? If so, through what organization?

COMMENTS – include any special talents that you can share with our families!



REFERENCE FORM

www.GiftsRetreats.com

7531 County Route 13, Bath NY, 14810
(607)776-3737 or 607-359-4422 Fax:(607)776-7390
E-mail: wellnessgiftsdirector@yahoo.com

Applicant's Name: _____

Name of Reference Individual: _____

Dear Reference,

The above individual has applied to be an assistant at **Wellness G.I.F.T.S.**, our get-a-way retreat program for families with members with special needs and has named you as a reference. We would appreciate your assistance in completing this form.

Wellness G.I.F.T.S., offers weekend retreats for families who need a break from the daily challenges and stresses of caring for a person with a disability or medical problem. These retreats offer educational, recreational and therapy activities for all members of the family. An important part of the retreat is respite time for parents or caregivers.

Assistants are a key part of our program and provide support and friendship to these special families. We look for mature, well-balanced, motivated women and men, who are assigned to a family for the weekend. The assistant must be flexible, cooperative, friendly and teachable.

Your answers to the following questions will be confidential. Feel free to omit any questions you are not qualified to answer. If you have any questions, do not hesitate to contact us at **Wellness G.I.F.T.S.**, (607)359-4422 or email: **wellnessgiftsdirector@yahoo.com**.

Please return the completed reference form to the applicant in a sealed envelope with your name signed across the sealed flap. The applicant will send your reference to us as part of his or her completed application.

Sincerely,

Christine Sproule
Director-Wellness G.I.F.T.S.

(over)

Applicant's Name: _____

How long have you know the applicant? _____

In what capacity have you know the applicant? (teacher, co-worker, friend, etc.)

Please evaluate the applicant in the following areas:

CHARACTERISTICS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO JUDGE
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual life/maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any comments or concerns you may have regarding the above items or other areas not mentioned that would help us determine the applicant's suitability to serve at a G.I.F.T.S. Retreat:

Based on the information which has been provided and my knowledge of this person, I believe the applicant's suitability to serve at a G.I.F.T.S. Retreat is:

Excellent Good Acceptable Not Acceptable

Signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Occupation _____

Email _____

Thank you very much for your time and consideration.