

# Guide By Your Side™ Program Coordinator and Guide Application

## **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: Beth Jones via email [bethj@nvhandsandvoices.org](mailto:bethj@nvhandsandvoices.org)

**Applicants should consider before applying that they can adhere to the Nevada 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)**

Reliable means of transportation	
Willing to travel within your region*	
Willing to meet with families within their home	
Willing to attend the initial training and any additional training as needed**	

\*Parent Guides will be reimbursed for mileage as per policies and procedures

\*\*To include National H&V Conference as needed

**Nevada Hands & Voices Mission Statement:** Nevada Hands & Voices is a parent driven, non-profit organization that exists to support, encourage, and educate families of Deaf and Hard of Hearing children, so that they can be empowered to make choices that will enable their children to achieve their full potential.

Name		
Email Address		
Home Address		
County of Residence		
Local School District		
Phone Number	Mobile:	Home:



**How did you learn about the Guide By Your Side Program?**

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

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

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

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

**Experience with birth to 3 (Early Intervention) and/or educational services:**



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

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

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

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**Please explain your comfort level of meeting with families in their homes:**

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**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.)?**

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**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/Relationship	Telephone and Email

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:**

Application Deadline: April 30, 2021

Review of Applications/Scheduling of Interviews for Selected Candidates: May 1, 2021 – May 7, 2021

Interview Dates: May 10, 2021 – May 14, 2021

Hiring Dates: May 17, 2021

Initial Training Dates: TBD

Please call or email with any questions: Summer Wright – Board of Directors Member  
Phone: 702-769-5566 Email: [summer@nvhandsandvoices.org](mailto:summer@nvhandsandvoices.org)

**Submit completed application via email to [summer@nvhandsandvoices.org](mailto:summer@nvhandsandvoices.org)**