



for hearing impaired children

www.voicefordeafkids.com

Parent Mentor Program

Offering support, information and hope from one parent to another



VOICE Parent Mentor Program

What we do: The VOICE Parent Mentor Program matches families with children with hearing loss together with a VOICE parent who has first-hand knowledge and experience parenting a child with a hearing loss.

Principle objectives: To provide new families with support, connection and unbiased information about resources in their community from another parent of a child with hearing loss and to provide VOICE Parent Mentors supporting new families with training, guidance and support for themselves.

Who we are: VOICE Parent Mentors are trained volunteers. The Parent Mentor Program Coordinator on staff matches new families to Parent Mentors according to their preferences and supports Parent Mentors with opportunities for debriefing and coaching. VOICE Parent Mentors are present in many regions across the country and also represent various cultural language groups.

Program Mission: Our mission is to provide hope for families of children with hearing loss. VOICE for Hearing Impaired Children has a long history of providing parent-to-parent support. We know the value that comes from the support, understanding and learning offered by one parent to another parent based on their experiences. Each Parent Mentor Program contact is an opportunity to listen, provide information and a starting point for new families along the journey of parenting a child with hearing loss.

How can I become involved?:

To begin the process of becoming a VOICE Parent Mentor or of being matched with a Mentor, complete the questionnaire on the reverse side of this flyer and send to VOICE by mail, email or fax:

VOICE for Hearing Impaired Children

161 Eglinton Ave East, Suite 704, Toronto, ON M4P 1J5

fax: 416-487-7719, tel: 416-487-7719 toll-free 1-866-779-5144

info@voicefordeafkids.com.

VOICE brings families of children with hearing loss together!



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Parent Mentor Program Application

Please check one:

I would like to be a VOICE

I'm looking for a VOICE

Name: _____

Relationship to child with hearing loss: _____

Address: _____
Street city/prov postal code

Tel number(s): _____ Email: _____

Diversity information: *(cultural or ethnic heritage etc. you would like to identify)*

Primary language: _____ Other
Langages _____

Child's name _____ Date of Birth _____
First Last

Degree of hearing loss _____

Other information about your child that you want to share: *(school experience, other challenges etc)*

FAX TO: 416-487-7423

EMAIL TO : info@voicefordeafkids.com

Signature

Date

Thank you for your time and interest in the Parent Mentor Program. VOICE for Hearing Impaired Children's greatest strength lies with our parents and the value of providing parent to parent support. You will be contacted shortly.

