



FAMILY TIES OF MASSACHUSETTS PARENT-TO-PARENT PROGRAM



ARE YOU THE PARENT OF A CHILD WITH SPECIAL NEEDS?

- Do you enjoy talking with other parents?
- Are you able to relate to special needs in a positive manner, interested in sharing lived experiences and able to “LISTEN” carefully with maturity and empathy?
- Are you confident in talking about your adjustment to your child’s special needs, diagnosis and family situation?
- Are you open-minded and non-judgmental?
- Do you believe you have something to offer other parents/family members who have children with special needs?

CONSIDER VOLUNTEERING:

SPECIAL NEEDS SUPPORT PARENTS WANTED

For parents interested in becoming more actively involved in the special needs community and connecting with other families: Consider our unique Family TIES Parent-to-Parent volunteer opportunity, providing two phone conversations with a parent seeking emotional support.

What does a volunteer Support Parent do: When we offer a Match to a Support Parent, we ask if you are available to make two phone calls within two weeks to the Requesting Parent, someone who wants to connect with another parent who understands their concerns. The Family TIES Support Parent role is not overly time-consuming; we recognize you are a busy, on-the-go parent! VOLUNTEER is the key word.

Our **Listening & Learning** training is required to become a volunteer Support Parent. There is never any pressure to accept a Match, for we understand that life can be hectic and complicated.

COMPLETE THE ATTACHED PARENT INFORMATION FORM

Our Parent to Parent Coordinator will contact you to provide the Listening and Learning Training materials.

TRULY, IT’S THAT SIMPLE !



PARENT CONTACT FORM

Family TIES of Massachusetts Protects the Privacy
and Personal Information of All Volunteers.

Please Print Clearly

Parent Name

Home Phone ()

Cell Phone ()

E-Mail

Address

Languages Spoken

Child's Name

Age Gender

Special Needs

I wish to be contacted by Family TIES of Massachusetts to discuss my interest in becoming a Volunteer Support Parent.

Signature: _____ Date: _____

Please return this form to:

Gloria Klaesges
Family TIES Parent-to-Parent Coordinator
MDPH-CRHO
180 Beaman Street
West Boylston, MA 01583

Gloria will mail a packet of training materials and call to discuss details for a convenient training.

THANK YOU FOR SHARING YOUR GIFTS!



Family TIES of Massachusetts is a project of the Federation for Children with Special Needs, with funding from and in collaboration with the Massachusetts Department of Public Health, Bureau of Family Health and Nutrition, Division for Children & Youth with Special Health Needs.