



Dear Respite/Sibling Care Provider,

I am pleased to inform you that our 2019 Family Retreat Weekend will be at **St. Joseph's College in Standish, Maine** again this year. This facility is excellent for our weekend with lots of space, combined with comfortable meeting spaces, indoor pool, gyms, and a rock climbing wall will make for a relaxed and enjoyable weekend.

Enclosed is an informational form for the Autism Family Weekend which is being held **July 19, 20, and 21**. If you are interested in providing care, please fill out the enclosed form and return it to me by June 30, 2019. If you cannot get the form back to me by that date, please call and speak with me so I will know you are interested.

You are expected to provide care only on Friday evening and Saturday (it is optional to stay for Saturday night respite), you may arrive on Friday and stay through Sunday Lunch. All of your meals and lodging will be provided. **There will be a mandatory meeting for respite on Friday around 4:00 pm.** If you cannot make this meeting you need to call the Autism Society of Maine to make alternative arrangements. Respite hours: Friday 7 pm to 9 pm (assist families during Family Fun Night), Saturday 9 am to 5 pm and Saturday night 6:30– 9 pm.

You will be expected to go into the indoor pool with your assigned child/children, unless other arrangements are made. Please plan on bringing a flashlight, bathing suit, bug spray, **fan**, and warm clothing for changes in weather. St. Joseph's will not provide bedding or towels to shower. **Please bring your own bedding and towels.**

We also need to have background checks on all NEW respite that provide care for children. Attached to your application there will be a sheet for you to provide us with your email. Goodhire will email you for all the necessary information and ASM will receive report when done. If you did this last year please disregard, this is only for NEW respite.

I appreciate your consideration of providing care for these families. For some of them this is the only chance they have each year to get away from the stress of everyday life with an autistic child.

If you need more information, are not interested, or cannot provide care for this seminar, but would be interested in other seminars throughout the year, (not necessarily for autistic children), please fill out and return the enclosed form and I will contact you at the appropriate time.

Sincerely,

Cathy Dionne

Cathy Dionne

Executive Director

(207) 754-2452

We will send out a letter of confirmation.

CONTACT INFORMATION

First Name: _____ Last Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work: _____ Cell: _____
 Best hours to be reached: _____ Today's Date: _____

LEVEL OF CERTIFICATION

(please circle the appropriate level)

CPR: Adult Child Infant None **MANDT:** Yes No

MEDICAL: EMT RN CNA 1st Aid **LIFESAVING:** Yes No

Other relevant trainings/experience/background: _____

(use back if necessary)

PLEASE CHECK THE APPROPRIATE LINES BELOW

___ I have provided respite care at the ASM Family Retreat before. What year? _____
 I will provide respite care on: Friday night 7 – 9 pm ___ Saturday 9am – 5 pm ___ Saturday night 7 -9 pm ___
 I will arrive ___ Friday night ___ Saturday morning
 I will be staying overnight on campus ___ Friday night ___ Saturday night ___ Not at all
 I prefer to provide care ___ children with autism ___ siblings ___ doesn't matter

___ I would like to make the following comments, suggestions, requests, etc.: _____

___ I am interested in providing respite care but cannot commit at this time. I will contact ASM by June 25th to confirm whether I will or will not be able to provide respite care.
 ___ I cannot provide respite care at the ASM Family Retreat this year, but I am interested in future opportunities.



Please provide an email address that ASM can use to perform a background check. Goodhire will be doing all the background checks in these categories:

- Criminal Search
- SSN Trace
- Sex Offender List Search

Please use your full name: _____

Email: _____



Waiver Form

I, the undersigned, agree to indemnify and hold harmless the **Autism Society of Maine (ASM)** from all cost, expense and liability arising out of my participation in this event to benefit autism awareness. I do hereby waive all claims for damage or loss to myself or property which may be caused by any act, or failure to act, by the Autism Society of Maine, its officers, agents or employees arising directly or indirectly from me, loss, damage or other liability from such event. I give permission for ASM to use any videos or pictures taken at the **Autism Family Retreat Weekend** for their website, newsletter, or other promotions.

Signature

Date