



community
connections

Every Child!
Every Chance!
Every Day!

Volunteer Manual

Community Connections

History of our Organization:

Community Connections is a 501c3 organization dedicated to providing extra-curricular activities for children with special needs and support for their families. Many children with special needs live in a cycle of school and therapy with little opportunity for extracurricular activity. We believe ALL children deserve the opportunity to experience things like sports & the arts!

Community Connections was established in 2005 when Todd & Amy Denton (owners of Pediatrics Plus Therapy Services) realized a need to provide activities for children with developmental disabilities and support for their families. We currently offer many programs, which include theatre, soccer, football, art, golf, martial arts, cheerleading, music as well as autism and dyslexia resources for children/families. These programs are offered in Conway, Little Rock, and Russellville.

Our Mission:

It's our mission to provide quality extracurricular activities for children with special needs as well as support for their families by providing programs and resources that promote:

“Every child... Every chance... Every day!”

Dear Volunteer,

Thank you for your interest in serving alongside us in providing a fun and encouraging environment for these very special children! The various programs that we offer give kids a sense of pride and accomplishment as they are able to focus on their strengths through art, music, competing in a team sport or performing on stage. It also allows the parents to enjoy watching their children in a community-based program that is not therapy related.

The overall goal for your experience with the kids will be to help them have fun and enjoy yourself as well. Your role as a volunteer is very important and also very rewarding. Your participant or “buddy” will depend on you to assist them at their own level, whether that be in a wheelchair or running independently. Every child is special and requires unique assistance based on their needs. The program director will be available at each and every event/class/game to assist with questions you may have. We also would like you to remember that the child’s guardian/parents are your best resource. The guardian can tell you what the child you are working with likes and dislikes are when it comes to sensory preferences. Each and every child is unique and we must remember this when we help them.

On the next few pages there are a few guidelines that should be helpful in making your experience as successful and rewarding as possible. Once again, we thank you from everyone here at Community Connections for your willingness to help make a difference!

Volunteer Do’s and Don’ts

Do’s

- Always be consistent. These children thrive on being involved in these activities each week and it is important that you stay a consistent part of their lives through the program.

- Get to know your child before the activities start and try to engage in conversation early.
- Assign specific roles or jobs for your buddy. Give them something that requires them to stay on task, the role can be big or small. If they do not want to participate at first, slowly build them into the group as the event progresses.
- Set boundaries. Do it up front and make them specific. It often helps to have volunteers display and then enforce the boundaries.
- Keep the kids well hydrated. Children with special needs tend to burn even more calories, so frequent water breaks are often necessary. Please check with parent to make sure water is okay or if they are providing their own beverage.
- Encourage as much as possible, every child enjoys it! Praise from an older child or adult means the world. Find ways to constantly encourage!
- Have fun! Your buddy will often have fun simply if you are enjoying yourself.

Don'ts:

- Don't assume that the child you are with doesn't understand or is incapable. Treat them like a normal person, and then make adjustments if they are needed.
- Don't let your buddy get away with everything just because they have a special need! Give clear instructions, communicate on their level, and do your best to keep them on task.
- Don't be scared or intimidated! Jump right in. Most of these kids have had therapy so they are used to physical touch.

- Don't ever allow yourself to be alone with a child. This is for the safety of yourself as well as the child. If your buddy needs to use the restroom and their parent is not there to take them, make sure you and another volunteer take the child together. As a volunteer we do not change diapers over the age of 3 years old. Children under 3 we will help assist with bathroom needs ONLY if the parent is unavailable and ONLY if you are under supervision of a Community Connections employee or another volunteer.
- NEVER EVER leave your buddy! If they run from an activity- run with them. You may have to sit out with your buddy for a bit, just stick with them from start to finish.
- Don't be afraid to ask parents or therapists if you are unsure about a situation. Parents are your best resource- ask questions at the beginning of session & throughout if necessary!

Three Keys to Remember

Communication:

- Role Assigning. Give your buddy some sort of role no matter how small to keep them involved.
- Don't use a lot of words: Show them and don't just tell them.
- Get down on their level: Kneel down, sit with them and communicate.
- Look at how they are communicating by their actions, not just their words.

Pacing:

- Simplify the environment.
- Slow down while engaging in activities: Slow down and clarify what activity is going on.
- Help the child accomplish the task at hand.
- Gradually require more responsibility for regulation.
- Gradually introduce competition for attention and complexity.

Guiding:

- You are your buddy's primary focus of attention.
- Limit distractions such as objects that are competing for their attention (other balls, distractions, other kids).
- Limit child-initiated variations: Have them follow directions and stick to the script/drill as closely as possible.

Definitions and Symptoms of Disabilities

The Children enrolling in Community Connections activities have a variety of disabilities and disorders as well as sensory needs. Below are a few of the disabilities you may see in our special needs children. Please do not ever hesitate to ask the Child's parent, the program director or any of us at Community Connections if you have questions regarding your buddy.

Sensory Processing Disorder:

Sensory Processing Disorder is a condition that exists when sensory signals *do not* get organized into appropriate responses. A person with SPD finds it difficult to process and act upon information received through the senses, which creates challenges in performing countless everyday tasks. Examples of sensory issues would be a child who thrives on tactile senses and loves to touch objects, hug, and climb or jump constantly. These children are often referred to by their peers as the “hyper” child. Just the opposite can happen with a child who has over response to sensory needs, this child may have issues with textures when eating or playing outside, as well as any physical touch. This child is often referred to as the “cautious” child. Motor clumsiness, behavioral problems, anxiety, depression, school failure and other impacts may result if the disorder is not treated effectively. Most children who have SPD or related disorders are able to thrive in their environment when they have active involvement and advocates to help them through their struggles. It is also important to remember that most children that have a disability will most likely have their own sensory needs. Always try to help your buddy to see what their sensory needs may be and this will help you establish and form a good relationship and bond!

Down’s syndrome:

Down’s syndrome is also known as trisomy 21, is a genetic disorder caused by the presence of all or part of a third copy of chromosome 21. It is typically associated with physical growth delays, characteristic facial features and mild to moderate intellectual disability. This disability is characterized by muscle hypotonia (low muscle tone), cognitive delays (ranging from moderate to severe), abnormal facial features, and other distinctive physical abnormalities. However, it should be noted that not all children with Down’s syndrome experience the above mentioned conditions. These children can be expected to attend school, hold down a job within a sheltered work environment, and actively participate within their community. Their quality of life is as rich as the environment they are placed within.

Spina Bifida:

Spina Bifida is a congenital neural tube defect that encompasses a variety of abnormalities. Spina bifida occurs in utero when the neural tube fails to close around the spinal cord and spinal nerves. The exact cause of spina bifida is not known at this time. This neural tube defect can cause the following difficulties during a child's growth and development: hydrocephalus (fluid on the brain), paralysis (typically at and below the area of the lesion), poor or absent bowel/bladder control, various musculoskeletal abnormalities, and sometimes mental retardation. It is noted that not all children with spina bifida experience these complications and vary depending on the severity of the neural tube defect. These children can experience life at its fullest in a variety of contexts. They often participate in a variety of therapies such as occupational, speech, and physical therapy to maximize their quality of life.

Cerebral Palsy:

Cerebral palsy is a non-progressive lesion of the brain that causes interruption of normal movement patterns and voluntary movements. It is classified according to the type of muscle tone and distribution of limb involvement. The types of CP include: hypotonia (low muscle tone), hypertonia (high muscle tone), ataxia (poor muscle control), and dyskinesia (involuntary writhing movements and poor muscle gradation). CP can also be described as monoplegia (only one limb is affected), diplegia (involves the trunk and lower limbs), hemiplegia (primarily one side of the body is affected), and quadriplegia (involvement of the trunk and all four limbs). These children typically experience a variety of motor impairments including but not limited to: poor force gradation during movement, difficulty with movement, impaired or delayed reflexes, poor muscle control, and decreased or limited muscle strength and coordination. These children typically have normal life spans, depending on the type of CP. Each child with CP is unique and they have varied levels of deficits according to the type of CP.

Autism:

Autism is a disorder of neural development characterized by impaired social interaction and verbal and non-verbal communication, and by restricted, repetitive or stereotyped behavior. Autism is one of three recognized

disorders in the autism spectrum (ASDs), the other two being Asperger syndrome, which lacks delays in cognitive development and language, and pervasive developmental disorder, not otherwise specified (commonly abbreviated as PDD-NOS), which is diagnosed when the full set of criteria for autism or Asperger syndrome are not met. Children with autism have severely impaired social skills and demonstrate a pattern of ritualistic/stereotypical behaviors. These children have impairments that interfere with their progress in a variety of environments and social contexts. It is important to remember that when working with an individual who has autism, or one of the above mentioned PDD conditions, that these individuals do not communicate in typical patterns. They find it difficult to interpret meaning from normal social interactions. Extreme patience is required when interacting with these children. Their behaviors such as self-abuse, rocking back and forth, and avoiding eye contact are all characteristics of this disability. However, with appropriate interaction and expectation, these children can successfully participate in a variety of environments and form meaningful relationships with peers and adult around them.

Attention Deficit Hyperactive Disorder:

Attention-deficit/hyperactivity disorder (ADHD) is a chronic condition that affects millions of children and often persists into adulthood. ADHD includes a combination of problems, such as difficulty sustaining attention, hyperactivity and impulsive behavior.

Children with ADHD also may struggle with low self-esteem, troubled relationships and poor performance in school. Symptoms sometimes lessen with age. However, some people never completely outgrow their ADHD symptoms, but it is possible for them to learn strategies to be successful. While treatment won't cure ADHD, it can help a great deal with symptoms. Treatment typically involves medications and behavioral interventions. Early diagnosis and treatment can make a big difference in outcome.

