
CLT's Volunteer Vibes

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Canada Survey of Giving, Volunteering and Participating 2010

<http://www.statcan.gc.ca/dailyquotidien/120321/dq120321a-eng.htm>

*T*he vast majority of Canadians provided either time or money to charitable and non-profit organizations in 2010. Between 2007 and 2010, the total amount of money they donated and the total number of hours they volunteered remained stable.

In 2010, nearly 24 million people, or 84% of the population aged 15 and over, made a financial donation to a charitable or non-profit organization, for a total of \$10.6 billion. Both the percentage of the population donating and the total amount of donations were relatively unchanged from 2007.

At the same time, more than 13.3 million people, or 47% of the population, volunteered their time through a group or organization.

Canadians volunteered nearly 2.1 billion hours in 2010, the equivalent of nearly 1.1 million full-time jobs (assuming 40 hours per week for 48

weeks). The hours volunteered for the 2010 Vancouver Olympics represent approximately 0.7% of this total. Overall, the total number of hours remained relatively unchanged from 2007.

Average donation and volunteer hours remain stable

The average annual donation in 2010 was \$446 per donor, virtually unchanged from 2007. Those who gave the most were more likely to be older, to have a higher household income and a formal education, or to attend weekly religious services or meetings.

Canadians who volunteered did so for an average of 156 hours in 2010, relatively unchanged from 2007. Those who volunteered the most hours tended to be older, widowed and no longer in the workforce. They were also likely to not have any children at home and to attend weekly religious services or meetings.

However, the highest rates of volunteering were found among Canadians who were younger, were single, married or in a common-law relationship, or had young children at home.

Provinces and territories

The proportion of the population who made a financial donation to charitable and non-profit organizations was highest in the Atlantic provinces. However, the donors from the Western provinces donated higher average amounts. This pattern is, for the most part, unchanged from 2007.

Donor rates were the highest in Newfoundland and Labrador (92%) and in Prince Edward Island (91%). These were significantly above the national average of 84%. Rates for the Northwest Territories and Nunavut were the lowest nationally.

Charitable donors from Alberta, Saskatchewan and British Columbia donated about \$550 on average to a charitable or non-profit organization in 2010, among the highest in the country. Average donations were lowest in Quebec.

Canadian Youth Perceive Age Discrimination while Volunteering

New tools aim to bridge the gap between what young Canadians want out of volunteering, and what opportunities exist.

Canadian youth feel discriminated against because of their age while seeking and being assigned, volunteer responsibilities, according to a landmark voluntary sector research study. This key insight prompted leaders from the non – profit and private sectors to collaborate and launch a new suite of tools to address the issue.

“Our research reveals many young Canadians perceive a lack of respect when being assigned volunteer duties,” said Ruth MacKenzie, President and CEO of Volunteer Canada. “ They feel discounted by other volunteers, and say they are given the simpler types of tasks that nobody else would want to do.”

Despite the fact that youth continue to have the highest volunteer rates, are more open-minded, and have superior social media skills, they are often left out of the strategic decision-making in organizations and are sidelined to menial tasks.

These core findings about youth, 15- 24, were identified in ‘Bridging the Gap’, a report produced by Volunteer Canada in collaboration with Manulife Financial. While some organizations have developed innovative strategies to engage youth, many youth and organizations indicated that they needed some practical support.

The two partners teamed up with the Volunteer Action Centre of Kitchener- Waterloo to produce the tools,

available now on www.GetVolunteering.ca. These products are designed to support organizations in their efforts to effectively engage today's youth volunteers, as well as young Canadians seeking meaningful community involvement.

MTV's Aliya- Jasmine Sovani and a number of other special guests joined more than 100 high schools students at a youth career fair in Kitchener-Waterloo to support the launch.

Common themes emerged from focus group participants during the research phase of the campaign. One young Canadian said: "Sometimes organizations don't look at you as an individual, but just as a volunteer number." Another recommended: "Getting to know volunteers personally, and learning about their skill sets, will improve long-term engagement with us."

The Youth Involvement Model is a lead product among the suite of tools, and is based on a pilot project undertaken in the Kitchener-Waterloo area. It is intended for use by community-based volunteer centres. The model outlines the key relationships needed to develop a robust youth engagement program.

"These tools support youth and help to build a strong foundation for long-term volunteer involvement," said Jane Hennig, Executive Director of the Volunteer Action Centre of Kitchener-Waterloo. "There are many partners and

allies who play essential development and mentoring roles in order to engage youth in community throughout their lifetimes. We teamed with a number of these individuals and groups, and their efforts were fundamental to the success of this pilot project."

Building Blocks for Youth
Volunteering is an interactive document geared toward parents, teachers, and youth, which identifies how adults can support young Canadians in their search for volunteer opportunities. It includes a self-assessment tool, which youth can use to identify their skills and interests, as well as how they may apply while volunteering.

"As Canada's veteran volunteers retire from community involvement activities, it's essential that we effectively engage our next generation of volunteers with opportunities that utilize their skills in meaningful ways," said Nicole Boivin, Senior Vice President and Chief Branding and Communications Officer at Manulife Financial.

A third youth tool – a tip sheet outlining how volunteer-involving organizations can become more "youth-friendly" – is currently being developed in conjunction with Apathy is Boring, and is set for release in late March, 2012.

On Thursday March 1, Justin Trudeau (Member of Parliament representing Papineau, Québec) will moderate an interactive conversation on

the “Get Volunteering” Facebook page around youth community involvement. A variety of youth influencers will contribute to the conversation. The general public can access the conversation on March 1st or anytime thereafter.

“Young people are highly committed and more tech-savvy than other generations,” said MacKenzie. “There’s a real opportunity here to take them seriously and offer them real responsibility in volunteer roles.”

Transitions, Milestones and Legacies: Volunteering and Retirement Planning

<http://www.getvolunteering.ca/pdf/RetirementPlanningModule.pdf>

As people enter into retirement or transition in their lifecycle, many seek new options to engage in their communities and to maintain, grow or develop new skills. Volunteering is increasingly espoused as a retirement planning option, for it provides people with opportunities to stay active, learn, share and leave a legacy for future generations. This module can be used independently or incorporated as part of a more comprehensive retirement planning exercise. It is designed to highlight the benefits of volunteering as a

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retirement planning option, and to present opportunities that will help people find a satisfying volunteer opportunity.

- Identify how volunteering can fit into lifecycle transitions and retirement planning;
- Explore the various types of volunteering available, and
- Discover a volunteering opportunity that fits with your motivations and life circumstances.

Your experience, wisdom, and time are the most valuable things you can offer. Maybe you have volunteered in the past but your busy life has kept you away for a while. Perhaps volunteering has never been part of your lifestyle before now.

Our communities need every single one of us and we all need to discover and take our places and spaces in our community. If you are considering stepping away from the structure and demands of full-time work, are continuing, resuming, or trying volunteering for the first time, this module may be helpful.

How does volunteering fit in to lifecycle transitions and retirement planning?

There are numerous circumstances that you may find yourself in as you move throughout your lifecycle. Book stores and information racks are filled with

material to help people plan for a range of considerations, including family life, finances, housing, travel, recreation, health, and life-long learning.

Volunteering can play a key role at every stage but it can also serve as a vehicle to help you through these transitions.

Volunteering can serve to heighten one's quality of life today and act as a legacy for the future.

Whether your transition or retirement involves a change in your household, neighbourhood, health situation, employment status, or daily schedule, volunteering can provide extra meaning to your days. It can connect you to your community, help maintain, grow or develop new skills, facilitate your participation in the democratic process, and help you shape and preserve the society you want to live in for yourself and for generations to come.

Financial Planning

Greater numbers of people are looking for ways to contribute to the community by giving both time and money to the causes they care about. For those who are considering charitable donations and bequests to non-profit organizations as part of their financial planning, what better way to really know an organization than through volunteering? This can give people the insider's view on the organization's values, culture, programs, and leadership.

It will also give you an opportunity to maximize your impact.

Travel

Voluntouring, combining volunteering and touring is a very appealing option for many people in transition or retirement. Many international development organizations offer opportunities to volunteer anywhere from 2 weeks to 2 years to work on projects such as mentoring small businesses, providing technical support for emerging industries, setting up schools, rebuilding housing, providing health and social services to refugees, staffing clinics, teaching English, as well as many other projects.

Recreation

Whether your pleasure is swimming, softball, playing chess, or riding horses, you can combine this with important volunteer roles in the community. Being a swimming buddy to someone with a physical disability, being a coach for a little league team, playing chess with youth at a drop-in centre, or grooming ponies in a therapeutic riding program, your time will be very well spent. Volunteering can also open up new recreational avenues that you have not considered before, such as playing cribbage, winter camping, being part of the chorus in a musical, or building a haunted house.

Family Time

If your time with family is important to you, consider family volunteering. Helping with activities in a nursing home, sorting donations in a food bank, or making decorations around your kitchen table for a special event; there are many volunteer activities that can be done by people of all ages and abilities. If you are looking for more time with family, there may also be volunteer opportunities in your grandchildren's school, the nursing home where your aunt is living or the drop-in centre where your partner gets support dealing with his or her illness.

Life-Long Learning

Volunteering is a way to transfer skills whether you want to contribute the skills you have gained or you wish to learn new skills, volunteering can help you prepare for a new career or feed your hunger for learning new things. Volunteer to research social policy issues and learn more about the root causes of homelessness, get trained on desktop publishing programs as a volunteer editor of an organization's newsletter, or find out more about fossils during orientation as a tour guide in the museum of nature.

Housing

If you are approaching a transition that includes moving, volunteering in your neighbourhood is a great way to get more connected to your new

surroundings. Whether you volunteer to serve on the social committee of your condo association or housing co-operative, take a shift at the information booth at the community centre, or join a team of door-to-door canvassers, volunteering will help you meet your neighbours. If your move means that you no longer have the garden you have always loved, volunteering in a community garden can help fill the gap.

Hobbies

You have always had a great eye for a good picture or you can spend hours working on your family scrap book. You like to keep your hands busy while you watch the evening news or you are an avid stamp collector. Volunteering to take photos at an organization's anniversary gala, creating an archive album for the local service, knitting layettes for young single parents, or leading a stamp club at the local high school can link your hobby to important community programs. This is the ideal approach if you want to volunteer in areas that are totally different from your work life and can also be done with groups of friends, as a project of your social club, or with your bowling team.

Health

Many studies have shown the health benefits of volunteering such as reduced stress-related illnesses, an enhanced sense of self-worth, and the

prevention of social isolation. There are also times in your lives when your health situation does not permit you to be as active as usual. You may want to volunteer for an organization that is directly connected to the health issue that you or your family are dealing with. Virtual volunteering (off-site and on-line) or micro-volunteering (moments of helpfulness) have become part of the volunteering landscape. With a wide spectrum of volunteering opportunities available, you can find something that needs your experience, time, and skills that suits your particular situation.

What kind of volunteering should I consider? To help you explore the types of volunteering to consider, ask yourself the following questions:

1. Where am I in my life now? What are my current circumstances and what is up ahead?
2. What do I care about? How can I make a difference? What kind of volunteer would I be?
3. What skills or experience do I have to offer or do I want to gain?

Important Bulletin: “Flu Alert” <http://www.cdc.gov/flu/about/>

What should I do to prepare for flu season? It is recommended by Health Canada that everyone 6 months and older get a flu vaccine each year. Getting a flu vaccine is the first and most important

step in protecting against this serious disease.

Who should get vaccinated this season?

Everyone who is at least 6 months of age should get a flu vaccine this season. It's especially important for some people to get vaccinated. Those people include the following:

People who are at high risk of developing serious complications like pneumonia if they get sick with the flu. This includes:

- People who have certain medical conditions including asthma, diabetes, and chronic lung disease.
- Pregnant women.
- People 65 years and older.
- People who live with or care for others who are high risk of developing serious complications. This includes household contacts and caregivers of people with certain medical conditions including asthma, diabetes, and chronic lung disease.

When should I get vaccinated? CDC recommends that people get vaccinated against influenza as soon as 2012-2013 flu season vaccine becomes available in their community. Influenza seasons are unpredictable, and can begin as early as October. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against the flu.

Flu vaccine is produced by private manufacturers, so availability depends on when production is completed. If everything goes as indicated by manufacturers, shipments are likely to begin in August and continue throughout September and October until all vaccine is distributed. Doctors and nurses are encouraged to begin vaccinating their patients as soon as flu vaccine is available in their areas, even as early as August.

Where can I get a flu vaccine? Flu vaccines are offered in many locations, including doctor's offices, clinics, health departments, pharmacies and college health centers, as well as by many employers, and even in some schools. Even if you don't have a regular doctor or nurse, you can get a flu vaccine somewhere else, like a health department, pharmacy, urgent care clinic, and often your school, college health center, or work.

Why do I need a flu vaccine every year? A flu vaccine is needed every year because flu viruses are constantly changing. It's not unusual for new flu viruses to appear each year. The flu vaccine is formulated each year to keep up with the flu viruses as they change. Also, multiple studies conducted over different seasons and across vaccine types and influenza virus subtypes have shown that the body's immunity to influenza viruses (acquired either through natural infection or vaccination) declines over time. Getting vaccinated each year

provides the best protection against influenza throughout flu season.

The 2012-2013 Influenza Season: What sort of flu season is expected this year? Flu seasons are unpredictable in a number of ways. Although epidemics of flu happen every year, the timing, severity, and length of the epidemic depends on many factors, including what influenza viruses are spreading, whether they match the viruses in the vaccine, and how many people get the vaccine.

When will flu activity begin and when will it peak? The timing of flu is very unpredictable and can vary from season to season. Flu activity most commonly peaks in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May. The 2011-2012 season began late and was relatively mild compared with previous seasons. It is not possible to predict how mild or severe the 2012-2013 season will be.

How long does a flu vaccine protect me from getting the flu? Multiple studies conducted over different seasons and across vaccine types and influenza virus subtypes have shown that the body's immunity to influenza viruses (acquired either through natural infection or vaccination) declines over time. The decline in antibodies is influenced by several factors, including the antigen used in the vaccine, and the person's general health (for example, certain chronic

health conditions may have an impact on immunity). When most healthy people with regular immune systems are vaccinated, their bodies produce antibodies and they are protected throughout the flu season, even as antibody levels decline over time. People with weakened immune systems may not generate the same amount of antibodies after vaccination; further, their anti-body levels may drop more quickly when compared to healthy people. For everyone, getting vaccinated each year provides the best protection against influenza throughout flu season. It's important to get a flu vaccine every year, even if you got vaccinated the season before and the viruses in the vaccine have not changed for the current season.

I have heard of people who don't get vaccinated against influenza in September or October because they want it to "last" through the entire influenza season. Should people wait until later in the influenza season to be vaccinated? The Ministry of Health recommends that influenza vaccination begin as soon as vaccine becomes available in the community and continue throughout the flu season. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza, and influenza seasons can begin as early as October. Therefore, it is recommended that vaccination begin as soon as the vaccine becomes available to ensure that

as many people as possible are protected before flu season begins.

Disability Awareness Corner: Prader-Willi Syndrome - Facts and Information

<http://www.fpwr.ca/about-prader-willi-syndrome/>

Praeder-Willi Syndrome (PWS) is a genetic disorder that occurs in approximately one out of every 15,000 births. PWS affects males and females with equal frequency and affects all races and ethnicities. PWS is recognized as a common genetic cause of childhood obesity.

Prader Willi Syndrome was first described by Swiss doctors Andrea Prader, Alexis Labhart and Heinrich Willi in 1956 based on the clinical characteristics of nine children they had examined. The common characteristics defined in the initial report included small hands and feet, abnormal growth and body composition (small stature, very low lean body mass and early onset childhood obesity), hypotonia at birth, insatiable hunger, extreme obesity and intellectual disability.

In recent years, the syndrome has been genetically characterized as an abnormality of chromosome 15, and

definitive diagnosis is now based on genetic testing.

What are the symptoms of Prader-Willi Syndrome?

The symptoms of Prader-Willi syndrome are believed to be caused by dysfunction of a portion of the brain called the hypothalamus. The hypothalamus is a small endocrine organ at the base of the brain that plays a crucial role in many bodily functions, including hunger and satiety, temperature and pain regulation, fluid balance, puberty, emotions, and fertility. Although hypothalamic dysfunction is believed to lead to the symptoms of PWS, it is unclear how the genetic abnormality causes hypothalamic dysfunction.

There are two generally recognized stages of the symptoms associated with PWS:

Stage 1: In the first stage, infants with PWS are hypotonic or “floppy”, with very low muscle tone. Weak cry and a poor suck reflex are typical. Babies with PWS usually are unable to breastfeed and frequently require tube feeding. These infants may suffer from “failure to thrive” if feeding difficulties are not carefully monitored and treated. As these children grow older, strength and muscle tone generally improve. Motor milestones are achieved, but are usually delayed.

Stage 2: An unregulated appetite characterizes the second stage of PWS. This stage most commonly begins between ages 2 and 6 years old. Individuals with PWS lack normal hunger and satiety cues. They usually are not able to control their food intake and will overeat if not closely monitored. Food seeking behaviors are very common. In addition, the metabolic rate of persons with PWS is lower than normal. Left untreated, the combination of these problems will lead to morbid obesity and its many complications.

In addition to obesity, a variety of other symptoms can be associated with Prader-Willi syndrome. Individuals usually exhibit cognitive challenges with measured IQs ranging from low normal to moderate mental retardation. Those with normal IQs usually exhibit learning disabilities. Other issues may include speech apraxia/dyspraxia, short stature, small hands and feet, scoliosis, sleep disturbances with excessive daytime sleepiness, undescended testicles in males, high pain threshold, and infertility. Behavioral difficulties may include obsessive-compulsive symptoms, skin picking, and difficulty controlling emotions. PWS is a spectrum disorder and symptoms vary in severity and occurrence among individuals.

What causes Prader-Willi syndrome?

PWS is caused by a lack of active genetic material in a particular region of

chromosome 15. Normally, individuals inherit one copy of chromosome 15 from their mother and one from their father. The genes in the PWS region are normally only active on the chromosome that came from a person's father. In PWS, the genetic defect causing inactivity of chromosome 15 can occur in one of three ways:

- **PWS by Deletion-** Most often, part of the chromosome 15 that was inherited from the person's father is missing, or deleted, in this critical region. This small deletion occurs in approximately 70% of cases and usually is not detectable with routine genetic analysis such as amniocentesis.
- **PWS by UniParental Disomy (UPD) -** Another 30% or so of cases occur when an individual inherits two chromosome 15's from their mother, and none from the father. This scenario is termed 'uniparental disomy' (UPD).
- **PWS by Imprinting Mutation-** Finally, in a very small percentage of cases, a small genetic mutation in the Prader-Willi region causes the genetic material in that area to be inactive.

How is PWS diagnosed?

PWS is diagnosed with a blood test that looks for the genetic abnormalities

that are specific to PWS. A FISH (fluorescent in-situ hybridization) test identifies PWS by deletion but does not diagnose other forms of PWS. A methylation test will identify all types of PWS and is the preferred test for diagnosis. In cases where an imprinting mutation is suspected, blood will also be drawn from the parents.

What are the treatments for Prader-Willi syndrome?

Prader-Willi syndrome cannot be cured. But, early intervention can help people build skills for adapting to the disorder. Early diagnosis can also help parents learn about the condition and prepare for future challenges. A health care provider can do a blood test to check for Prader-Willi syndrome.

Exercise and physical activity can help control weight and help with motor skills. Speech therapy may be needed to help with oral skills.

Human growth hormone has been found to be helpful in treating Prader-Willi syndrome. It can help to increase height, decrease body fat, and increase muscle mass. However, no medications have yet been found to control appetite in those with Prader-Willi.

Is there a cure for Prader-Willi syndrome?

Currently there is no cure for Prader-Willi syndrome, and most research to date has been targeted toward specific **treatments**. For many individuals affected by the disorder, the elimination of some of the most difficult aspects of the syndrome, such as the insatiable appetite and obesity, would represent a significant improvement in quality of life and the ability to live independently. The Foundation for Prader-Willi Research is interested in advancing research toward understanding and treating specific aspects of the syndrome, with the goal of an eventual cure for PWS.

Is Prader-Willi syndrome hereditary?

Deletion and UPD are random occurrences and generally are not associated with an increased risk of reoccurrence in future pregnancies. In the case of an imprinting mutation, Prader-Willi syndrome can recur within a family.

How do these genetic defects cause the symptoms seen in Prader-Willi syndrome?

At this time, the mechanism by which the lack of functional genetic material on chromosome 15 leads to the symptoms associated with PWS is not understood. Scientists are actively studying the normal role of the genetic sequences in the PWS region, and how

their loss affects the hypothalamus and other systems in the body.



CILT News

STAND Safety Ambassador Project

*T*he Safe Toronto Action Now Disability (STAND) Committee is a cross-disability group of Toronto Community Housing Corporation (TCHC) tenants with disabilities and community partners concerned about safety. Some of the STAND participants have come from the Safe Engaged Environments Disability (SEED) Project.

STAND is a one-year initiative that has recruited and trained a small group of TCHC tenants who have an interest in disability and safety issues to become Safety Ambassadors, who are raising disability and safety awareness through interactive presentations and

consultations with TCHC staff, first responders (i.e. police, fire, and ambulance workers), government, and other organizations dealing with safety issues. The presentations allow for feedback and evaluations, so that the project can keep improving, learning and engaging with our communities.

For more information on STAND and the Safety Ambassador Project, please contact Samantha Abel, Centre for Independent Living in Toronto (CILT) at 416-599-2458 ext. 222; TTY: (416) 599-5077 or by email to samantha.abel@cilt.ca.

Disability Rights and Citizens Project

The Disability and Rights for Citizens (DRC) Project is a one-year initiative that will run 6-10 human rights educational workshops and create a series of plain language tools to be distributed to people with disabilities living in Toronto. The workshops will educate people with disabilities with regards to the Convention on the Rights of Persons with Disabilities (CRPD) and how it affects them as citizens of Toronto. The plain language tools will be available in alternative formats in accordance with the Accessibility for Ontarians with Disabilities Act (AODA) accessibility standards. People with disabilities in Toronto need to know about their human

rights. The United Nations Convention on the Rights of Persons with Disabilities was signed by Canada in 2007 and ratified in 2010. It remains a very important issue that people with disabilities have full realization about what this means in terms of being a citizen of Toronto.

Human rights remains a subject that is very large and complicated. The main issue is that there are no existing strategies to educate people about this subject in an atmosphere that is accessible to participants.

For more information on the Disability and Rights for Citizens (DRC) Project, please contact Melanie Moore, Community Development Worker, Centre for Independent Living in Toronto (CILT) at 416-599-2458 ext. 222, TTY: (416) 599-5077 or by email at melanie.moore@cilt.ca.

Peer Support Program Update

By: Nancy Barry

Aging Project: CILT has been working on an initiative around what it's like to go through the aging process when you have a disability. In partnership with other community agencies, CILT has developed and circulated a survey to both consumers and service providers to determine:

(a) what is being done, if anything, on this topic; and (b) what are the concerns of consumers as they enter into the later stages of life.

We have found interesting results and are currently in the process of delivering conclusive summaries of each. In the future steps of this project, we, as a team, hope to bring innovative possible solutions to consumers in order to ease their anxieties around aging with a disability, as well as advocate for appropriate services to make the transition of aging easier on adults with disabilities.

Gateways Project:

After six years of hard work, our Gateways journey is nearing its completion. Mount Sinai and CILT hosted a community launch at the end of June to introduce our final product, including:

- Resources to help plan and organize the “Creating an Enabling Environment” disability education programs
- Links to the film, eLearning module, tip sheets and guides, recommended resources
- Background information about the Gateways Projects (team members, articles, reports)

We also created an eLearning Program: “*Creating an Enabling Environment in Mammography*”. It’s a 30 minute module containing scenarios that are based on stories told by real women coming for cancer screening and tips and real life scenarios to help healthcare providers communicate appropriately and comfortably interact with women with disabilities. All this can be found at:

www.mountsinai.on.ca/education/creatingenablingenvironment

Independent Living Peel:

CILT has branched out to consumers living in Peel Region. Over the past two years, we have developed a Peel Diner’s Club, delivered over 20 independent living skills workshops, hosted our first annual summer picnic, created an Accessible Restaurant Directory for Peel Region, and developed a quarterly peer newsletter, “Peel Peer Horizons”. We are currently searching for available funding to be able to continue reaching out to consumers in Peel. To date, we have over 200 consumers in Peel.

Direct Funding Program

Direct Funding has had a very good year. In terms of staff, within the past year we’ve hired: **Abdullah Duranai** who is acting in the support role within

DF and has been enormously helpful in getting new applicants successfully started on DF;

Melissa Graham who is the DF Community Facilitator helping us get out into the community and connect with existing self-managers as well as new applicants; and very recently we lucked out in finding **Marisa Falzone-Bell** who is filling in the medical leave in our Accounting position while we wait for Victoria Pica to return.

Direct Funding has also received a sizeable increase of 1.7 million dollars in September 2011, allowing us to bring on more than 30 new self-managers and increase the budgets of 19 existing self-managers.

Susan DeLaurier, accounting clerk for audits in the Direct Funding program, is retiring at the end of October. Susan, who has been with the Centre for Independent Living in Toronto since 1999 and with DF since 2010, is the only staff member ever to retire from CILT.

Susan's departure will be felt by the entire CILT community, said Sandra Carpenter, executive director of CILT. "Words cannot say how much her presence at the office will be missed," said Sandra. "No one has been more committed or dedicated than Susan who, no matter what, brought joy and good humour to this office which I am sure,

will never be replaced. She has offered insurmountable support to me, her team and this office."

Susan said she enjoyed the variety of work offered by Direct Funding but won't be the least bit bored with retirement. "I intend to continue doing quilting (but only non-traditional stuff), reading, and riding motorcycles," said Susan. She added she will miss her work and her CILT colleagues. "I've had many jobs in a few countries and can honestly say that CILT has been the very best in all aspects. The consistent friendly leadership and willingness of every employee to help others has made CILT a real family."

CILT's Volunteer Vibes is a quarterly publication of the **Peer Support Program**. If you are interested in volunteering at C.I.L.T. please call Nancy to request a Volunteer Application Package.

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Volunteer Vibes is also available on audiotape upon request.

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Canadian Association of Independent Living Centres
Promoting a new perspective on disability
Association canadienne des centres de vie autonome
Voir au-delà du handicap

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