



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home/Cell Phone: _____ Email: _____

Date of Birth: _____ Gender: Male Female

Have you ever been convicted of a crime? YES NO If yes, explain: _____
(Misdemeanor or felony?)

Previous Volunteer Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Why are you interested in volunteering with DSF? How often do you anticipate volunteering with DSF in the next 12 months?

What do you know about Down syndrome? Have you worked with individuals with Down syndrome?

Do you need documentation of hours? If you need documentation of hours, please explain what your service requirement is.

Availability

Date Available to Start: _____

Area(s) of Interest:

Clerical/Office/Administration

Software Knowledge: Word Excel PowerPoint Other: _____

After-School Programs Learning Program Teen Time Other: _____

Available Volunteer Times:

	Mornings (9am – 12pm)	Afternoons (12pm. – 5pm)	Evenings (After 5pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Disclaimer and Signature

I understand that:

- *I, the undersigned volunteer, hereby release DSF and any and all of its agents, officers, directors, and employees from any and all claims or liabilities which might arise out of my participation as a volunteer with DSF*
- *The information that I have provided may be verified, and I give permission to DSF to make inquiries of others concerning my suitability to act as a DSF volunteer, and I release from liability any person giving or receiving such information*
- *A background check may be performed by DSF before I begin my volunteer engagement*
- *In the course of volunteering with DSF, I may be dealing with confidential information and I agree to keep said information in the strictest confidence*
- *The relationship between DSF and the volunteer is an 'at will' arrangement, and that it may be terminated at any time without cause by either the volunteer or DSF*
- *I grant DSF permission to use my likeness, voice, and words in video or photos or in any form to promote activities of DSF*
- *Volunteers are not to publish, post or release any photos or confidential information on social media networks, blogs or any other types of online platforms.*

I certify that I have read the above and that the information I have given is true and complete to the best of my knowledge.

Signature: _____ Date: _____

APPLICATION VALID FOR 3 YEARS FROM DATE SIGNED

If under 18 years old this section must be completed & signed by parent/guardian.

Parent/Guardian Name: _____

Cell Phone: _____ Home/Work Phone: _____

Parent/Guardian Signature: _____ Date: _____