



Volunteer Application

Thank you for your interest in volunteering with the Down syndrome Association of the Valley. We have many opportunities for you to be involved. Please take some time to fill out this application and someone will be contacting you about where we can use your help.

Contact Information

| |
|-----------------|
| Name: |
| Street Address: |
| City/State/Zip: |
| Home Phone: |
| Work Phone: |
| Cell Phone: |
| E-Mail Address: |

Employment

| |
|---------------|
| Company Name: |
| Address: |
| Phone: |
| Job Title: |

Emergency Contact Information

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|-----------------|
| Name: |
| Street Address: |
| City/State/Zip: |
| Phone Number: |

Volunteer Interest Areas

Please summarize why you have an interest in volunteering with the DSAV and what you hope to gain by your volunteer experience.

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Volunteer Interest Areas Cont.

Please circle the areas you would be interested in volunteering in.

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|---------------------------------------|--------------------|------------------|
| Event Planning | Advocacy | Education |
| Family Support | Playgroups | Grant writing |
| Mailroom | Fund Raising | Legislation |
| Newsletter | Photography | Healthcare |
| Sunshine (greeting card distribution) | Young Adult Events | Library displays |
| Marketing/Promotions | Childcare | Office Work |
| Other: _____ | | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies or sports.

[Empty box for Special Skills or Qualifications]

Previous Volunteer Experience

Summarize your previous volunteer experience, including type of work and dates.

[Empty box for Previous Volunteer Experience]

Our Policy

It is the policy of the Down Syndrome Association of the Valley to provide equal opportunities without regard to race, color, religion, national origin, gender, age or disability. Thank you for completing this application form and for your interest in volunteering with us.

Agreement and Signature

By submitting this application, I affirm the facts are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.
I understand that there will be a background check on all volunteers who work directly with children.

| | |
|---------------|-------|
| Printed Name: | |
| Signature: | Date: |

Please mail completed form to:
DSAV
P.O. Box 8651
Warren, OH 44484