



Friends of Down Syndrome

Volunteer Application

Name _____ Date _____

Address _____

Email _____ Phone Number _____

Down Syndrome Academy

- Teacher's aide
- Front desk/receptionist
- Administrative work
- Clerical duties

T21 Social Club

- Planning committee
- Volunteer for the monthly events
- Chaperone for the overnights

General Volunteer

- Publicity
- Fundraising
- Corporate sponsors
- Grant writing
- Special events

Availability

- | | | |
|---|---|---|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekday Evenings | <input type="checkbox"/> Weekend Afternoons |
| <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekend Mornings | <input type="checkbox"/> Weekend Evenings |

Please list any special skills you have _____

Community Service Letter: If requiring a service-hour letter, please list the name of the school or program, person in charge of your service hours, at your school and the number of service hours required.

Emergency Contact

Name _____ Relationship _____

Address _____ Phone _____

Volunteer Agreement

1. I understand that Friends of Down Syndrome performs background checks on all volunteers. Please initial.

Yes _____ No _____

2. Date of Birth ____/____/____

3. Former Last Names Used (if applicable) _____

4. States that you have lived in within the last 10 years _____

5. By Submitting this application, I affirm that the facts set forth in it are true and complete. My signature below indicates that I grant Friends of Down Syndrome authorization to make inquiries concerning my suitability to be a volunteer. 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.

Signature _____ Date _____

Return application to Friends of Down Syndrome, 5200 Mitchelldale, Suite D4 Houston, TX 77092.

Fax to 1-866-566-9530. Scans may be emailed to president@friendsofdownsyndrome.org.