



4604 Bardstown Rd. | Louisville, Kentucky 40218
(502) 495-5088

info@downsyndromeoflouisville.org

Volunteer Application

Thank you for your interest in our volunteer program.

Today's Date _____ Your Birth Date/Age _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email address _____

Your job title _____ Your Employer _____

If you are a student, your field of study _____

If you are a student, your school _____

Emergency contact name _____

Address _____

Phone(s) _____ Relationship to you _____

- What languages other than English do you speak? _____
- Have you ever applied to be a Down Syndrome of Louisville volunteer? Yes No
If yes, when and for what program? _____
- How were you referred to Down Syndrome of Louisville? _____

1. I AM APPLYING FOR: (review the enclosed list of volunteer opportunities and check the ones that interest you)

Parent to Parent Support Assist in Childcare at meetings Leading/Helping Group Classes

Early Education Program School Age Program Fundraising

Peer Mentor for Teen/ Young Adult Program Adult Literacy Tutoring

General office/clerical Special Events Buddy Walk Celebrity Auction

Maintenance/Gardening Other _____

2. YOUR TIME AVAILABILITY FOR VOLUNTEER WORK (check all that apply)

Weekdays Mornings Afternoons Evenings

Weekends Mornings Afternoons Evenings

3. Describe your current or previous volunteer experience(s): _____

4. Tell us why you are thinking about becoming a volunteer for Down Syndrome of Louisville:

REFERENCES:

Name: _____

Phone(s): _____ **Years Acquainted:** _____

How do you know this person? _____

Name: _____

Phone(s): _____ **Years Acquainted:** _____

How do you know this person? _____

If you are volunteering to work directly with children, teens or adults with Down syndrome, a release form for a criminal records inquiry will be sent to you.

Thank you for taking the time to complete this application.

Please mail or fax to 495-5038.