



**DOWN SYNDROME**  
OF LOUISVILLE, INC

*Embracing The Future Together*

4604 Bardstown Rd.

Louisville, Kentucky 40218

(502) 495-5088

[info@downsyndromeoflouisville.org](mailto: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 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):** \_\_\_\_\_

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

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**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.