



**DOWN SYNDROME ASSOCIATION OF CENTRAL TEXAS
VOLUNTEER APPLICATION
2009**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Date of Birth: _____

Occupation: _____

Employer: _____

Address: _____

hours/week: _____

SPECIAL SKILLS & AREAS OF INTEREST

What kind of training, skills, or experience do you have that relate to your volunteer placement:

Community affiliations (Clubs, Service Organizations, etc.): _____

Volunteer Preferences

Is there a particular program you would prefer to volunteer with? Yes No

If yes, please specify:

- Fundraising (planning committees)
- One-Day event volunteering at Buddy Walk®
- One-Day event volunteering at Share the Passion Calendar gala
- Education / Literacy
- New Parent Support
- Prenatal Diagnosis Project
- Grants, sponsorships

- Babysitting at events
- Public relations
- Inclusive Congregation Initiative

AVAILABLE TIME TO VOLUNTEER

If hours required for school, number of hours: _____
 deadline for completion: _____
 professor: _____
 Course name: _____

How many hours per week are you interested in volunteering? _____

Would you like to volunteer in the DSACT office on a weekly basis? (circle one)
 Yes No Times may vary week to week

Are there particular days of the week during which you would prefer to volunteer your time?
 (circle all that apply)
 Monday Tuesday Wednesday Thursday Friday Weekend

Are there particular times during which you would prefer to volunteer your time? (circle all that apply)
 Mornings Afternoon Evenings Varies

ADDITIONAL INFORMATION

Please use the space to provide any additional information about yourself that you feel may be pertinent.



3710 Cedar Street, Box 3
 Austin, Texas 78705
 (512) 323-0808