



## Volunteer Application

Date: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check below the best way for us to contact you:

Work Phone: \_\_\_\_\_  Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  E-mail: \_\_\_\_\_

What is the best time to reach you?  Morning  Afternoon  Evening

Age: (check)  18 or younger  19-29  30-39  40-49  50-59  60+

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Are you currently attending high school or college? Yes No  
If so, where? \_\_\_\_\_

Education (circle last year): 10 11 12 College: 13 14 15 16 Graduate school: 17 18

Area of study: \_\_\_\_\_

Do you have previous volunteer experience?  Yes Length of service: \_\_\_\_\_  No

If yes, please describe where and what you did:  
\_\_\_\_\_

Special skills/interests/strengths: \_\_\_\_\_

What interests you about volunteering with the Down Syndrome Society of Mobile County?  
\_\_\_\_\_

Which of the following volunteer options would interest you?

Leading or  assisting with activities for after school programs or during parent educational meetings:

sports  arts & crafts  music  child care  special events (ie: Buddy Walk)

Do you have reliable transportation? \_\_\_\_\_. How far would you be willing to travel? \_\_\_\_\_

Personal or Professional Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

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