

Down Syndrome Association of Houston
Volunteer Application
We are so grateful of your volunteering!

Contact Information:

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Interests: Which areas are you interested in volunteering

Administration____ Campaign writing____ Serving on a Committee____

Fundraising____ Seeking Sponsors____ Tutoring____

Child-care____ Events____

Availability: When are you able to volunteer:

Weekday Mornings____ Weekday Afternoons____ Weekday Evenings____

Weekend Mornings____ Weekend Afternoons____ Weekend Evenings____

Special Skills:

Please list any special skills you have acquired through employment or other volunteer work:

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.

Person to Notify in case of emergency:

Name: _____

Address: _____

Best Phone Number and Email Address: _____

Relationship to You: _____

Agreement and Signature:

I understand that DSAH performs Background checks on all Volunteers:

Please Initial: Yes_____ No_____

Date of Birth_____ Former Last Names Used: _____

States that you have resigned in within the last 10 years_____

By Submitting this application, I affirm that the facts set forth in it are true and complete. My signature below indicates that I grant DSAH 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:_____

Please Return application via fax, email or post mail to:

Mailing Address:

Down Syndrome Association of Houston
7015 W. Tidwell
BLD G. STE 108
Houston TX 77092

Email: Volunteer@dsah.org

Fax number: 713-996-9290

Phone number: 713-682-7237

Thank you so very much!