



5001 South Hurstbourne Parkway
Louisville, Kentucky 40291

2796 Charlestown Road
New Albany, IN 47150

(502) 495-5088

volunteer@downsyndromeoflouisville.org

Volunteer Application

Thank you for your interest in our volunteer program.

Today's Date _____ Your Birth Date _____ Your Age _____

Name _____

Address _____

City _____ State _____ Zip _____

Cell 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 # _____ Relationship to you _____

- What languages other than English do you speak?

- How were you referred to Down Syndrome of Louisville?

1. I am applying for: (review the list of volunteer opportunities and check the ones that interest you)

Louisville Campus _____ New Albany Campus _____ Either Campus _____

___ Early Education Classroom Assistant (members 3& 4 year olds)

___ Saturday School Age Assistant (2nd Sat./Month Sept.-May, Members 5-14 yrs. old)

___ Fundraising Assistant (you must be 18 yrs. & older-phone calls, donation solicitations, prepare mailings, pack supplies, load and unload boxes of supplies for events)

___ Special Activity Leader (you can teach yoga, music, art class, boxing, etc.)

___ Adult Literacy Tutoring (you must be 18 yrs. & Older, training and materials provided)

___ Office/Receptionist (you must be 18 yrs. & older-preparing mailings, data entry, filing, answering phone & door)

___ Special Event Set-up/Clean-up (loading & unloading vehicles) ___ Maintenance/Gardening

___ Monthly Events Teen Adult Group (members 16+ yrs. old) ___ Dance Team Assistant

___ Monthly Events Tweener Group (members 11-15 yrs. old) ___ Childcare Assistant at family meetings



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): _____

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?

When you attend the mandatory volunteer orientation and if you are 18 years or older, you must complete a release form for a background check. There is a \$5.00 background check processing fee.

This may be paid in cash or by check when you come to the orientation.

It is our policy that our volunteers be 15 years old or older.

Thank you for taking the time to complete this application.

Please return by mail, email, or fax:

Down Syndrome of Louisville, Inc.

5001 South Hurstbourne Parkway

Louisville, KY 40291

volunteer@downsyndromeoflouisville.org

Fax: (502) 495-5038