



Volunteer Registration Form

Date Completed _____

Name	First	M/I	Last	Date of Birth
				/ /
Street Address			Apt./Unit #	County
City		State	Zip Code	
() -				
Phone Number: Area Code		E-Mail Address:		

	Yes	No	
Have you volunteered for DSACO before?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when?
	Yes	No	
Does someone in your family have Ds?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, who?
Languages spoken:			
Special skills:			
Current employer & position:			

Availability	√ all boxes applicable		
Weekdays	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Weekends	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
<input type="checkbox"/>	Office Work	Mailings, Phone Work, Misc.	
<input type="checkbox"/>	Committees	New Parent, Age 3-6 Group, In-kind donations	
<input type="checkbox"/>	Fundraising Events	Buddy Walk, Golf Outing, 5K, Gala,	
<input type="checkbox"/>	Family Events	Summer Picnic/Dance, Clippers Game, Holiday Party	
<input type="checkbox"/>	Program Support	Adult Conference, Golf Academy, Walking Club, Lose The Training Wheels	
<input type="checkbox"/>	Public Relations	Newsletter, Marketing, World DS day,	
<input type="checkbox"/>	Technology	Website, IT Support, Data Entry	
<input type="checkbox"/>	Other		

Thank you for volunteering! Please return your application via fax, e-mail or post to:

Down Syndrome Association of Central Ohio
 510 E. North Broadway
 Columbus, OH 43214
 Phone: 614-263-6020 Fax: 614-263-6094
www.dsaco.net

E-mail: info@dsaco.net

DSACO may request a background check. If you have had a background check in the past 2 years, please include a copy of the documentation.