



DOWN SYNDROME ASSOCIATION
OF ORANGE COUNTY
CHANGING PERCEPTIONS - CHANGING LIVES

Volunteer Application

DSAOC strives to create a place for connection, hope, and awareness, for people with Down syndrome and their families in Southern California.

Our Mission is to provide the means necessary to empower individuals with Down syndrome to reach their full potential.

Personal Information Date of Application:

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Are you over the age of 18?	<input type="checkbox"/> yes <input type="checkbox"/> no Date of Birth if under 18 _____
Education	<input type="checkbox"/> in High School <input type="checkbox"/> Completed H.S. <input type="checkbox"/> College <input type="checkbox"/> Professional Certificates _____ Grad Year H.S. _____ Grad Year College _____ Degree

Interests

Tell us in which area(s) you are interested in volunteering

- Support Office (assist with general office support)
- Monthly Activities (Bowling, Dance, Fitness, ect...)
- Fundraising Events (Buddy Walk, Golf Tournament, etc...)
- Special Events (Summer Picnic, Breakfast w/ Santa, etc...)
- Other ideas you may have about how you can be involved – please explain below.

General Questions

How did you hear about DSAOC?

List or summarize any other special skills and qualifications you have acquired from employment, schooling, previous volunteer work, or through other activities, including hobbies or sports.

Please note areas in which you have a skill or interest (mark with an S or I):

- | | | |
|--------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Fitness | <input type="checkbox"/> Math |
| <input type="checkbox"/> Music | <input type="checkbox"/> Theater Arts | <input type="checkbox"/> Science |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Education/Reading | <input type="checkbox"/> Life Skills |
| | | _____ Other |

Availability

Please state whether you are available in the morning, afternoon, evening or n/a on each day.

Monday:

Thursday:

Sunday:

Tuesday:

Friday:

Wednesday:

Saturday:

Language Skills

What is your primary Language? English Spanish Vietnamese Chinese Other

Do you speak a second language? No Yes if yes please list _____

Personal Reference

*Personal Reference may not be a relative

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability. Volunteers may be asked to do a Live Scan Screening as for a back ground check. All volunteers will be asked to attend orientation training. For purposes of tracking volunteer hours and program support, as well as accountability volunteers are asked to sign in and out of each volunteering session.

Liability Release and Photo Consent Form

In consideration of participation in programs with DSAOC as a volunteer intern, I hereby expressly release and discharge DSAOC and its predecessors and successors in interest, subsidiaries, affiliates, collaborating partners and sponsors, and past and present directors, officers, agents, servants, employees, representatives, administrators, assigns, contractors and volunteers (collectively, the "Releasees") from any and all claims for damages, injury and/or equitable relief, including without limitation workers' compensation claims, that may arise out of or be related to participation in the program, to the maximum extent permitted by law now or in the future, and I expressly waive such claims.

I further agree, on my own behalf, that I will indemnify and hold harmless "Releasees" from any loss, damage, claim or liability, including attorneys' fees, incurred by reason of participation in the program.

In addition, I grant permission, (both during and any time after), to DSAOC to use my likeness, name, voice or words in television, radio, film, newspaper, magazines, electronic media and in any other form for advertising or communicating the purpose and activities of DSAOC and/or applying for funds to support these purposes and activities.

I acknowledge that I have read the above statements and understand their contents, and that I agree to such terms and conditions. _____ (please initial)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. 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.

Name (printed)	
Signature	Date:
Parent Signature (if under 18)	Date:

Please send completed form to:

admin@dsaoc.org

Or

Fax to: 714-540-5872

Or

Mail to:

DSAOC Volunteers

Attn: Ali Fowler

151 Kalmus Drive, Suite M-5

Costa Mesa, CA 92626

Thank you for completing this application form and for your interest in volunteering with us!