



Down Syndrome Association of Brazos Valley

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Date of Birth	
Driver's License #	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Employer

Name	
Street Address	
City ST ZIP Code	
Job Title	

Education

High School	In College Now	College Degree

What do you hope to gain by your volunteer experience?

Person to Notify in Case of Emergency

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

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. I understand that there will be a background check on all volunteers working with children under the age of 17.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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

Please return to:

Down Syndrome Association of Brazos Valley
2910 Horseback Ct.
College Station TX 77845