



Indianapolis, IN

Volunteer Application

Date: _____

First Name	_____	Last Name	_____
Street Address	_____	Best # to reach you	_____
City	_____	Home Phone #	_____
State	_____	Email	_____
Zip	_____	Your birthday (mm/dd)	_____

Do you have a relative with Down Syndrome? Yes ___ No ___ If yes, your relationship _____
 What is their name? _____ If parent, ALSO fill out the New Family Contact Form
 Birthdate _____

Do you have a special talent or interest? _____

Are you a Therapist? Developmental _____ Physical _____ Music _____
 Speech _____ Occupational _____ Other _____

Are you a certified or a retired, certified Teacher? Yes ___ No ___

Do you wish to be a tutor? Yes _____
 Please select your age preference? _____ 2 ½ - 12 year old? _____ 13 year old to Adult _____

Check your area of tutoring interest Literacy _____ Math _____

Please check your areas of volunteer interest:

Holiday _____	General Admin. _____
Special Events _____	Programs Ages 0 - 12 _____
Clean Team Member _____	Programs 13 to 19 _____
Computer Admin. _____	Programs Adults _____

Your General Availability:	Day of Week	Morning	Afternoon	Evening
	Monday	_____	_____	_____
	Tuesday	_____	_____	_____
	Wednesday	_____	_____	_____
	Thursday	_____	_____	_____
	Friday	_____	_____	_____
	Saturday	_____	_____	_____
	Sunday	_____	_____	_____

Tell us about yourself _____

