



REGISTRATION FORM

Please complete this application form if you are interested in becoming a volunteer with the Down Syndrome Guild of Southeast Michigan. Once you complete the form, please email it to info@dsgsemi.org

Personal Information

Please provide your name, address, phone number, and email.

First Name: _____

Last Name: _____

Street 1: _____

Street 2: _____

Street 3: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

What kinds of email would you like to receive?

- Electronic Volunteer Newsletter Recruitment Appeals Email for Registered Events

Employer Name: _____

Demographic Information

You may optionally provide the following information. Please note, some volunteer events have minimum age requirements.

Date of birth: _____

Age range: _____

Gender: _____

Availability

Please indicate the days and times you are usually available to volunteer.

Sun Mon Tues Weds Thurs Fri Sat

Morning:

Afternoon:

Evening:

About you...

Please share anything you'd like us to know about you.

Previous volunteer experience with DSG?

Have you volunteered with us before? If yes, what event did you volunteer for?

Why are you interested in volunteering with DSG?

Are you interested in volunteering for a specific event, if so which one?

What do you know about Down syndrome?

Have you worked with individuals with Down syndrome? (This is not a requirement but gives us a better understanding of your skill set and training needed)

Do you need documentation of hours?

If you need documentation of hours, please explain what your service requirement is.

Skills and Experience

In which areas do you feel you have moderate to excellent skill? Circle all that apply.

Skills:

Administrative

Athletics or Coaching

Business Communication/Writing

Child Care

Computer, IT or Web design

Construction

CPR/First Aid

Creativity

Dance or Gymnastics

Database Entry

Time-Management

Food Service

Photo/videography

Project Management

Public Speaking

Sales & Marketing

Second Language

Drawing, Painting, or Designing

Tutoring or Teaching

Agreement

I understand and agree that submitting this application form does not automatically register me as a DSG volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, and successful completion of a background check before I may begin volunteering.

I understand that photos from events may be posted in the Connections Newsletter, on the Down Syndrome Guild website and in future print materials and I give my permission to release any photos taken.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

_ I agree

Signature: _____