



## Volunteer Application

### Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Additional Phone \_\_\_\_\_

Preferred Method of Contact

Phone

Email

Both

### Areas of Interest

Please specify the volunteer opportunities you would be interested in below.

- Self-Advocate volunteer
- World Down Syndrome Day
- Step Up For Down Syndrome Walk
- iCanShine Bike Camp
- Our Special Heroes Golf Classic
- Annual Holiday Party
- Annual Swim Party
- Office Assistance
- Parent's First Call
- Other \_\_\_\_\_

Will you be needing a community service letter to verify your volunteer hours?

Yes

No



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### Waiver and Agreement

In consideration of me and/or my minor child being permitted to volunteer for the DSPNT, I hereby, for myself, my heirs and personal representatives, assume any and all risks which might be associated with the events that I participate in. I acknowledge that these events may involve inherent risk of injury. I agree that Down Syndrome Partnership of North Texas, its officers, board members, employees, sponsors, organizers, volunteers, or other representatives or their accompanying persons will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to me or my minor child, resulting from the negligence of the DSPNT or any of the other parties listed above. I understand and agree that submitting this information form does not automatically register me or my minor child as a DSPNT 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 or my child may begin volunteering.

I understand that photos from events may be posted in the DSPNT Newsletter, on the DSPNT website and in future print materials and I give my permission to release any photos taken of me or my minor child.

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

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Signature of Applicant

Date