

# CONFIDENTIAL

## Down Syndrome Society of South Australia Inc

Office: Hampstead Primary School (west wing) Phone: (08) 8369 1122  
Muller Road Greenacres SA 5086 Fax: (08) 8261 7660  
(Hours 9am to 4.30pm, Monday to Friday)  
Postal: PO Box 436 GREENACRES SA 5086  
Email: downssa@chariot.net.au

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### VOLUNTEER APPLICATION FORM

NAME: .....

ADDRESS: .....

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PHONE NO: (H) ..... (W) .....

DATE OF BIRTH: .....

NEXT OF KIN: .....

ADDRESS: .....

.....

PHONE: (H) ..... (W) .....

Previous employment/voluntary positions relevant to the Society's activities:

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What type of work would you like to do?:

1. Clerical support
2. Support to volunteers with Down syndrome
3. Early Intervention, assistance to Education Consultants in:  
Infant Program   
Preschool Program
4. Resource Centre
5. Fundraising

- 6. Camp Leader.....10 – 15 year olds
- 15 years to adult
- 7. Club Slick 50's & 60's Rock 'n' Roll assistant
- 8. Other

I am interested in volunteering in the following activities:

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Times available:

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Any other comments:

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Name and phone number of two referees:

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All volunteers are initially on a three (3) month probation, then reviewed.

**DECLARATION BY VOLUNTEER:**

I wish to apply for consideration as a volunteer with the Down Syndrome Society of South Australia Inc. I understand that as a volunteer, I am required to comply with all relevant Down Syndrome Society of South Australia Inc and Leisure and Recreation Committee policies.

I understand that participation as a volunteer does not entitle me to any paid position. I agree to accept the arrangements made with the Down Syndrome Society of South Australia Inc and I am aware that these arrangements can be varied or terminated at any time.

Signed: .....Date: .....

