



Volunteer Leadership Application

Confidential – Please type or print

MUST attach copy of government issued photo ID

Office Use:

Role: _____

Staff Initials: _____

Date: _____

Background Check? _____

Name: _____

Last

First

Middle Initial

Suffixes

Maiden

SSN: _____ - _____ - _____ / _____ / _____ (M/D/Y) Gender: M F

Mailing Address: _____

Street

City

State

Zip

Previous Address: _____

Street

City

State

Zip

Home Phone: () _____ Cell Phone: () _____

E-mail: _____

Your Employer: _____ Business Phone: () _____

Employer Address: _____

Street

City

State

Zip

Check here to receive newsletters through email to stay informed & save costs.

PLEASE READ AND CHECK BEFORE SIGNING:

- I grant Down Syndrome Association of Greater St. Louis permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Down Syndrome Association of Greater St. Louis.
- I authorize Down Syndrome Association of Greater St. Louis at its discretion to periodically access, review and obtain copies of state and federal criminal history records and make any reasonable efforts to determine whether I have been convicted of, been found guilty of, or pled guilty or *nolo contendere* to committing, attempting to commit, or conspiring to commit, any crime that may bear upon my fitness to be a volunteer for a position of trust over individuals with disabilities and convey that determination to the qualified entity. I hereby release and hold harmless Down Syndrome Association of Greater St. Louis, including its Board of Directors and its agents, employees, officers, successors, heirs, executors, administrators and assigns and all persons, organizations, or government agencies from any and all claims, demands and causes of action which I may now or may ever have by reason of or on account of, authorizing the release of, accessing, obtaining copies of or furnishing such information.
- In the course of volunteering for DSAGSL, I understand I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between DSAGSL and volunteers is an 'at will' arrangement that may be terminated at any time without cause by either the volunteer or Down Syndrome Association of Greater St. Louis.
- I understand that it is my responsibility to notify Down Syndrome Association of Greater St. Louis of any change of information provided in this application during the time I serve as a volunteer.

Please answer the following questions (use additional paper if necessary):

1) Do you use illegal drugs? Yes No

If yes, explain what drug(s); how often you have used each drug; and the date(s) most recently used _____

2) Have you ever been convicted of, been found guilty of, or pled guilty or *nolo contendere* to committing, attempting to commit, or conspiring to commit any crime, whether or not sentence was imposed or executed? Yes No

If yes, please provide details, including dates, charge(s), venue and disposition: _____

3) Have you ever been charged with any crime (other than a minor traffic violation) or had a judgment / court order entered against you involving sexual/physical abuse of a minor, restricting contact with a minor or involving allegations of domestic violence? Yes No

If yes, please provide details, including dates, charge(s), venue and disposition: _____

4) Have you been convicted / been found guilty of a traffic offense related to the use of drugs or alcohol (ex. DWI or DUI), whether or not sentence was imposed or executed? Yes No

If yes, please provide details, including dates, charge(s), venue and disposition: _____

I declare that I am the person referred to in this application, that the information supplied herein is true to the best of my knowledge, that I have read and understand this application and further understand that any false, misleading, or incomplete information substituted for accurate information will be grounds to immediately disqualify me from further consideration or remove me as a volunteer with Down Syndrome Association of Greater St. Louis.

Signature _____ Date: _____

In the event of an emergency, contact: _____ () _____
Name Relationship Phone #