



**Down Syndrome Association of Connecticut**  
**Volunteer Information Sheet**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Physical Limitations (If Any): \_\_\_\_\_

**Demographics (Please Circle Answer):**

**Age:**

17 or younger  
18 – 24  
25 – 34  
35 – 44  
45 – 54  
55 – 64  
65 or older

**Race:**

Caucasian  
Black or African American  
American Indian or Alaskan Native  
Asian  
Native Hawaiian or Other Pacific Islander  
Hispanic  
Other (Please Specify)

**Gender:**

Female  
Male  
Other (Please Specify)

**Education:**

Less than high school degree  
High school degree or GED  
Trade School  
Some college but no degree  
Associate degree  
Bachelor degree  
Graduate degree

**Household Income:**

\$0 – \$9,999  
\$10,000 – \$24,999  
\$25,000 – \$49,999  
\$50,000 – \$74,000  
\$75,000 – \$99,999  
\$100,000 or greater  
Prefer not to answer

**Continue on Back**

How did you hear about us? \_\_\_\_\_

Reason for Volunteering:

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I am interested in helping out at other events, programs or with special projects:

Events:      Yes \_\_\_\_      No \_\_\_\_

Projects:    Yes \_\_\_\_      No \_\_\_\_

Programs:    Yes \_\_\_\_      No \_\_\_\_



**Down Syndrome Association of Connecticut**  
**Volunteer Waiver of Liability and Photo Release**

**Waiver of Liability**

I hereby waive all claims against the Down Syndrome Association of Connecticut, sponsors, vendors, volunteers and any personnel for any injury that I or my family member might suffer from this event. I attest that I and my family members are physically fit and prepared for this event.

**Initial:** \_\_\_\_\_

**Photo Release**

I grant full permission for organizers to use photographs, videos and quotations of me and my family member for promotional printed material, internet material, educational activities, or for any other use for the benefit of the program.

**Initial:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name of Volunteer:** \_\_\_\_\_  
(Please Print)

**Signature:** \_\_\_\_\_  
(Parent or Guardian, If Under 18)