



Buddy Walk Co-Chair Application



Full Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone #: _____ Email: _____

Social Security Number: _____

Have you volunteered with DSAGT before? _____

ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED FOR POSITION

- 1) Have you ever been charged with or convicted of a felony? ___Yes ___No
- 2) Have you ever been charged with or convicted of any crime involving the use, possession or the furnishing of drugs? ___Yes ___No
- 3) Are you seeking to volunteer in order to satisfy court-ordered community services? ___Yes ___No

If you answered Yes to any of the above please explain _____

I authorize and give the Down Syndrome Association of Greater Toledo my permission to run a background check/search on me. ___Yes ___No

Education

High School: _____ Did you graduate? Yes _____ No _____

If yes, when did graduate? _____

College: _____ Did you graduate? Yes _____ No _____

If yes, when did you graduate? _____

Other: _____ Did you graduate? Yes _____ No _____

If yes, when did you graduate? _____

Employment

Start with current/most recent employer and include all employment.

Employer: _____ Phone: _____

Address: _____

Position: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____

Employer: _____ Phone: _____

Address: _____

Position: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____

Employer: _____ Phone: _____

Address: _____

Position: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____

Additional Information

Professional Licenses Held: _____

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with DSAGT?

Give a brief summary of why you might wish to work with DSAGT including a careful explanation as to why you wish to work with persons with disabilities. Please include what contribution you feel you can make to the success of the Toledo Buddy Walk.

Disclaimer and Signature

I certify that my answers are true, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of fact on this application or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

If hired, I agree to abide by all of the Organization's policies and procedures and understand that, if employed, my employment may be terminated "with or without cause" and "with or without notice" at any time at the option of either the company or me. I further understand that no representation, whether written or oral, by any representative or agent of the company, at any time, can constitute a contract of employment. I understand that the company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in policy, procedure, benefit or condition of employment other than a document signed by the Board President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and been given the opportunity to ask questions and receive answers to my satisfaction and understanding regarding this application and statements above prior to signing.

I hereby authorize permission for a background screening. Furthermore, I authorize the investigation and confirmation of all statements and information supplied by me contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

Signature: _____ Date: _____