



# DSAGSL VOLUNTEER ENROLLMENT FORM BIKE CAMP JUNE 2009

## Personal Contact Information

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Preferred method of contact: \_\_\_\_\_

Contact name in case of emergency \_\_\_\_\_

Emergency Contact's phone #: \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Are you age 16 or over?     Yes     No

*Volunteers under the age of 16, must list a parent or legal guardian, and phone number:*

\_\_\_\_\_

\_\_\_\_\_

Do you have a connection to the Down Syndrome Association? \_\_\_\_\_

Do you have a family member with Down syndrome? \_\_\_\_\_

If so Name \_\_\_\_\_ age & relationship: \_\_\_\_\_

Please mark each day & time you are available to volunteer.

Session	Monday	Tuesday	Wednesday	Thursday	Friday
A 8:00-9:15					
B 9:30-10:45					
C 11:00-12:15					
D 1:30-2:45					
E 3:00-4:15					

**LOCATION OF CAMP:**  
 West County Christian Church  
 17795 Wild Horse Creek Road  
 Chesterfield, MO 63005

*(See Other Side Also)*

**CONFIDENTIALITY AGREEMENT:**

As a volunteer with the DSAGSL, you may have access to “confidential information”. Volunteers are responsible for maintaining the confidentiality of all privileged information to which they are exposed, while serving as a volunteer. I will not in any way, divulge any confidential information, except as properly authorized within the scope of your activities with the DSAGSL. (initial)\_\_\_\_\_

**LIABILITY and PHOTO WAIVER:** In consideration of volunteering at the Down Syndrome Association of Greater St. Louis or their sponsored event, I agree, for myself, my child(ren), my heirs, executors and administrators, not to sue and to release, indemnify and hold harmless, the Down Syndrome Association of Greater St. Louis ("DSAGSL"), its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities - whether it results from the negligence of the DSAGSL or any of the above entities or from any other cause. I also authorize the use of any photographs that I or my child(ren) may be the subject of, for promotional materials of the DSAGSL. (initial)\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Would you like to receive the DSAGSL’s quarterly newsletters?  
\_\_\_\_\_ Yes                  \_\_\_\_\_ No                  \_\_\_\_\_ I already receive them

Please complete and return to:  
DSAGSL  
8420 Delmar Blvd. Suite 200  
St. Louis, MO 63124

Fax: 314-989-1579  
Email: bikecamp@dsagsl.org

*(See Other Side Also)*