



DOWN SYNDROME GUILD
OF DALLAS

Committee Member Application

Name: _____

Phone: _____

Email Address: _____

Occupation: _____

Address: _____

City/State/Zip: _____

Please indicate the committee(s) in which you are interested in serving:

Fund Development

Education/Programs

Grupo de Familias Unidas (*bilingual*)

Buddy Walk®

New Parent

Other: _____

Medical

Finance

Are you a self-advocate with Down syndrome?

yes no

Do you have a family member with Down syndrome?

yes no

Name: _____

Relationship: _____

Age: _____

Please describe the education, experience, and/or skills which will enable you to add value to the selected committee(s): _____

On what other boards/committees have you served? (*not required for selection*) _____

Please describe your interest in serving on the selected committee(s)? _____

Please write a brief statement on what the Down Syndrome Guild's mission and vision mean to you. _____

Please list past DSG events/programs that you have attended. (*not required for selection*) _____

Please list any conflicts and/or preferred committee meeting dates/times. (*i.e. weekdays, weeknights, etc.*) _____
