



NORTHERN COLORADO DOWN SYNDROME ASSOCIATION

Applicants must be at least 18 years or older, have Down Syndrome and live in the Northern Colorado area. Must also be able to attend monthly meetings from 8-10 pm on the first Monday of every month. The NCDSA is willing to help with transportation to and from meetings if needed.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Application for Self-Advocate Board Position

Personal Information

Name

Address

City

State

Zip

Phone Number

Mobile Number

Email Address

Are You A U.S. Citizen?

Yes

No

Have You Ever Been Convicted Of A Felony?

Yes

No

Position

Position You Are Applying For

Available Start Date

Education

School Name

Location

Years Attended

Degree Received

References

Name

Title

Company

Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Please complete the following questions:

Elf

1. Why are you interested in this position?

2. How do you think you can help improve the Northern Colorado Down Syndrome Association?

3. What do you hope to accomplish through this experience?

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	