



SERVICE PROJECT

Thank you for your interest in helping SMILE on Down Syndrome! We look forward to working with you and supporting your efforts on our behalf. Please take a few moments to fill out the information requested below in order for us to keep track of what your project is all about!

NAME:

ADDRESS:

CELL PHONE:

HOME PHONE:

EMAIL ADDRESS:

SCHOOL OR ORGANIZATION: _____

SECOND POINT OF CONTACT NAME (Teacher/ Co-chair) _____

PHONE _____ EMAIL _____

WHAT IS YOUR PROJECT IDEA? _____

HOW MANY HOURS ARE YOU REQUIRED TO SERVE: _____

NAMES OF OTHER VOLUNTEERS ON THIS PROJECT:

If you have any questions or concerns, please don't hesitate to let us know.

Founder/President: Nina Fuller - (812) 449-6049 SMILE Center

Executive Director: Nikki Davis - (812) 449-4118 Special Events

www.SmileOnDownSyndrome.Org

We are here to assist in any way we can to help ensure a successful project for you!