



DATE \_\_\_\_\_

## New Parent Support Volunteer Information

Parent of a child with DS  Professional

If professional, name of agency \_\_\_\_\_ (some items may not apply)

Name \_\_\_\_\_ Age at child's birth \_\_\_\_\_

Spouse \_\_\_\_\_ Age at child's birth \_\_\_\_\_

Name of child \_\_\_\_\_ Boy  Girl  Date of child's birth \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Siblings & birth dates: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Hospital baby was born \_\_\_\_\_ New Parent Packet received? \_\_\_\_\_

Who was your first contact from the DS community? \_\_\_\_\_

Support was provided via: Telephone  Personal visit

Prenatal diagnosis: Yes  No

Medical conditions \_\_\_\_\_

Other information that might help with matching a new parent (such as single parent, twins, C-section, feeding issues, etc.): \_\_\_\_\_

I'm interested in additional training to become a spokesperson on DS issues: Yes  No