



LEKOTEK

Making a Difference for Children with Disabilities

Volunteer Application

Please return this form to:
 Lekotek of Georgia, Inc.
 1955 Cliff Valley Way, Suite 102
 Atlanta, GA 30329
 (404) 633-3430
 Fax (404) 633-1242
 Email: lekotekga@mindspring.com
 Or visit our web page at:
www.lekotekga.org, click Volunteer
 tab to learn more about volunteering.

Please fill out the volunteer form and waiver below.
 Check the volunteer opportunities for which you can
 Help. You will be contacted within a reasonable
 amount of time before the event.

Check here to volunteer for Lekotek events!
 2010 EVENTS*

___ JANUARY	10	Lekopals
___ FEB	14	Computer Club
___ FEB	21	Lekopals
___ MARCH	14	Lekopals
___ APRIL	11	Computer Club
___ MAY	2	Lekopals
___ MAY	3	Golf Classic Smokerise Country Club
___ JUNE	13	Computer Club
___ JUNE	27	Lekopals
___ JULY	8, 9	Computer Camp Training
___ JULY	12-15	Computer Camp 1 & 2
___ JULY	19-22	Computer Camp 3 & 4
___ AUG	8	Lekopals
___ AUG	28	Race and Fun Run
___ AUG	29	Lekopals
___ SEPT	12	Computer Club
___ OCT	10	Lekopals
___ NOV	8-10	Silent Auction
___ NOV	21	Lekopals
___ DEC	5	Lekopals
___ DEC	11	Holiday Party

*dates subject to change

Contact Helene Prokesch, Executive Director
 (404) 633-3430

LAST NAME _____ FIRST NAME _____

Street _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____ Date of Birth _____

RELEASE FORM (REQUIRED): I assume all risks associated with my participation as a volunteer for the events I have indicated on this form including but not limited to injuries, contact with other participants including registered runners and other volunteers, the effects of weather, and traffic and hazards of the road, all such risks are known and appreciated by me. Having read this waiver I, for myself and anyone entitled to act on my behalf, waive and release Lekotek of Georgia Inc., its employees and volunteers, all city and county governments and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the (these) event(s). I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of the (these) event(s) for any legitimate purpose.

DATE _____ SIGNATURE _____

If under 18 years of age, parent's signature required in addition to volunteer's signature:

PARENT'S SIGNATURE _____