



# 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: helene@lekotekga.org

Or visit our web page at:  
[www.lekotekga.org](http://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!  
 2017 EVENTS\*

___ JANUARY	8	Computer Club
___ FEBRUARY	12	LekoPals Computer
___ MARCH	12	Computer Club
___ APRIL	9	LekoPals Computer
___ MAY	1	Golf Classic
		Smoke Rise Country Club
___ MAY	7	Computer Club
___ MAY	21	LekoPals Bowling
___ JUNE	11	Computer Club
___ JULY	6, 7	Computer Camp Training
___ JULY	10-13	Computer Camp 1 & 3
___ JULY	17-20	Computer Camp 2 & 4
___ AUGUST	6	LekoPals Bowling
___ AUGUST	13	Computer Club
___ AUGUST	10	Lekotek Run 4 Kids
___ SEPTEMBER	7	Computer Club
___ OCTOBER	8	Computer Club
___ NOVEMBER	5	Lekopals Bowling
___ NOVEMBER	6-8	Silent Auction
		Athletic Club NE
___ DECEMBER	9	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/CellPhone \_\_\_\_\_  
 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 \_\_\_\_\_