



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, 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!
 2018 EVENTS*

__ JANUARY	7	Computer Club
__ JANUARY	14	LekoPals Bowling
__ FEBRUARY	11	LekoPals Computer
__ MARCH	11	Computer Club
__ APRIL	15	LekoPals Computer
__ MAY	6	Computer Club
__ MAY	7	Golf Classic
		Smoke Rise Country Club
__ MAY	20	LekoPals Bowling
__ JUNE	10	Computer Club
__ JULY	12-13	Computer Camp Training
__ JULY	16-19	Computer Camp 1 & 3
__ JULY	23-26	Computer Camp 2 & 4
__ AUGUST	4	Lekotek Run 4 Kids
__ AUGUST	12	Computer Club
__ SEPTEMBER	9	LekoPals Computer
__ OCTOBER	7	Computer Club
__ NOVEMBER	4	Lekopals Bowling
__ NOVEMBER	5-7	Silent Auction
		Athletic Club Northeast
__ DECEMBER	8	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/Cell 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 _____