

Vintages and Jazz Volunteer Form



Learning Disabilities Association of York Region

Application Date	For Office Use Only		
	<input type="checkbox"/> Data Entered	Initials	Date
1. Personal Data (please print)			
First Name	Last Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address			Apt #
City	Postal Code		
Telephone (home)	Telephone (cell)		
E-mail Address			
2. General Information			
<input type="checkbox"/> Under 16 years old <input type="checkbox"/> 16-18 years old <input type="checkbox"/> 19+ (legal adult) <input type="checkbox"/> 65+ years old (mature adult)			
Please note: Applicants under the age of 16 must have parental consent to volunteer.			
I am volunteering as part of <input type="checkbox"/> High School Community Service Hours			
<input type="checkbox"/> Post-Secondary Field Placement			
3. Volunteer Availability and Areas of Interest (check all that apply)			
I am available		I am interested in the following area(s)	
<input type="checkbox"/> Saturday, May 2; 9 a.m. to 1 p.m.		<input type="checkbox"/> Food Preparation	
<input type="checkbox"/> Saturday, May 2; 1 p.m. to 5 p.m.		<input type="checkbox"/> Set Up/Clean Up	
<input type="checkbox"/> Sunday, May 3; 9 a.m. to 1 p.m.		<input type="checkbox"/> Ticket Sales	
<input type="checkbox"/> Sunday, May 3; 1 p.m. to 6 p.m.		<input type="checkbox"/> Where I am needed most	
5. Volunteer Statement			
Information collected on this form is used exclusively for applicant information purposes. Additional copies will not be made and the original form will be kept in the applicant's file.			
Volunteer placement will be at the discretion of the Learning Disabilities Association (LDA). If necessary, a successful Police Record Check must be completed by the applicant and returned to the LDA prior to placement.			
I hereby declare that all information provided is true; furthermore, I understand that any false statements would disqualify me from earning a volunteer position, or be grounds for immediate termination from any current volunteer position.			
_____		_____	
Signature of Applicant/Parent Signature (required if applicant is under 16 years of age)		Date	

Please complete the form and return it to LDAYR

Learning Disabilities Association of York Region
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