



# VOLUNTEER FORM [www.ldsaca.ca](http://www.ldsaca.ca)

## LONDON DOWN SYNDROME ASSOCIATION

1129 Gladstone Drive

Belmont, Ontario N0L 1B0

Tel: (519) 644-1867 E-Mail: [president@ldsaca.ca](mailto:president@ldsaca.ca)

Non Profit Charitable Organization# BN 86694 2493 RR 0001

Yes, I would like to volunteer for the LDSA.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel#: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**I am interested in the areas of:**

***GENERAL VOLUNTEER***

ADMINISTRATION

PUBLICITY

MARKETING

FUNDRAISING

ADVOCATING

SPORTS

SPECIFIC PROGRAMS

LOGISTICS

SERVICE DELIVERY

SPECIAL EVENTS

***OTHER: (please specify)*** \_\_\_\_\_

**I am available at these times:**

Anytime, let me know when you need me.

Days      Evenings      Weekends

**Other:(please specify)** \_\_\_\_\_

**Certain positions within the LDSA may be deemed of higher risk.**

**Would you be willing to submit to a  
Police Check and Vulnerable Position Screening.**

**YES      NO**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**'ACCOMPLISHMENTS ARE AWESOME'**