



VOLUNTEER FORM

In order to ensure LSA’s ongoing quality programming, each family’s volunteer participation is needed. You must submit this form with your membership application in order for your application to be accepted.

Name: _____

Skater’s Name (if different): _____

Home phone: _____

Cell phone: _____

E-mail address: _____

Please tell us a little about your background, special interests, or talents (organizational skills, writing skills, computer skills, accounting/finance skills, etc): _____

Please tell us the area(s) where you would be most interested in volunteering:

____ Learn to Skate

____ Bookkeeping

____ Camps

____ Membership

____ Competitions

____ Publicity/PR

____ Test sessions

____ Ice Monitoring

____ Annual Banquet

____ Logo Wear/Merchandise sales

____ Hospitality*

____ Parent Education

*test sessions and competitions

____ Shows

____ Elections/Nominations

____ Fund-raising

____ Ice Contracts/Registrations

____ Sponsorship

____ Use me where you need me

____ Other area (please specify): _____