



# PARALYMPIC SPORTS ASSOCIATION

## 2003 - 2004 Volunteer Application Form

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Age:      Over 18 years          Under 18 years   

Are you a PSA member? \_\_\_\_\_

In the event of a personal or medical emergency, while performing volunteer services, whom may we contact on your behalf?

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

Please specify any medical conditions we should be aware of?

\_\_\_\_\_

### INDICATE YOUR AREA OF INTEREST AS A VOLUNTEER

#### PROGRAMMING

Floor Hockey	_____	Soccer	_____
Fun for Kids	_____	Sledge Hockey	_____
Square Dancing	_____	Swimming	_____
Teen Group	_____	Day Camps	_____

#### SPECIAL EVENTS

Bowling	_____	Picnics	_____
Tournament	_____		

#### FUNDRAISING

Bingo	_____	Casino	_____
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