

**2009 Little People of America National Conference New
York City
VOLUNTEER FORM**

Name _____

Address _____

Home Phone # _____ Cell Phone # _____

Email _____ Preferred Method of Contact: _____

LP: Yes ___ NO ___ Friend of an LP: Yes ___ No ___
If Yes - Name of LP _____

Dates Available: (Please Check)

Times Available: (Please Specify)

Thurs. July 2 nd	Yes ___ No ___	All Day ___	A.M. ___	P.M. ___
Fri. July 3 rd	Yes ___ No ___	All Day ___	A.M. ___	P.M. ___
Sat. July 4 th	Yes ___ No ___	All Day ___	A.M. ___	P.M. ___
Sun. July 5 th	Yes ___ No ___	All Day ___	A.M. ___	P.M. ___
Mon. July 6 th	Yes ___ No ___	All Day ___	A.M. ___	P.M. ___
Tues. July 7 th	Yes ___ No ___	All Day ___	A.M. ___	P.M. ___
Wed. July 8 th	Yes ___ No ___	All Day ___	A.M. ___	P.M. ___
Thurs. July 9 th	Yes ___ No ___	All Day ___	A.M. ___	P.M. ___
Fri. July 10 th	Yes ___ No ___	All Day ___	A.M. ___	P.M. ___

Background:

Do you have child care experience? Teacher? Day Care? _____

Do you have any Computer or Technical Expertise? _____

Please describe any area of expertise _____

Do you have medical training? _____

Any Preference: (Ex. Set-up, Security, Decorating, Registration, Trips, DAAA Games, Kids Room etc.)

Tee Shirt Size Needed: _____ Will you be staying at hotel? Yes/No ___

Please contact Joan Wellstead at (516) 319-8684 or by email at jwellstead@verizon.net if you have questions.