



Locks District Volunteer Application

I am interested in serving as (check all that apply): Minimum age is 16 years old

- ☐ Lock Tender (*involves physical activity*) If you are under 18, please state age and
☐ Tour Docent (*involves walking & speaking*) have a parent or guardian sign below
☐ Chaperone (*involves walking*) Age:
☐ Canal Ambassador (*involves speaking*)
☐ Flower Tender (*involves physical activity*)

I am available to volunteer ___ weekdays ___ weekends ___ both weekdays and weekends.

Name: type your name here Group affiliation (if any): type group name here

Address: type street address here City: type city name here State: type Zip: type Zip

Email: type your email address here Phone: type phone here

Shirt size: ☐ Men's ☐ Women's ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Health / medical conditions that we should be aware of:

Emergency Contact:

Name: type name here

Address: type street address here City: type city name here State: type Zip: type Zip

Email: type contact's email address here Phone: type phone here

Signed: _____ Date: _____

Please return to:

by email: davidkinyonlkpt@gmail.com

by mail: Lockport Locks Heritage District, One Locks Plaza, Lockport, NY 14094