



Camp American Legion
8529 West County Road D
Lake Tomahawk, Wisconsin 54539
(715) 277-2510
campamericanlegion.org
caloffice@wilegion.org

2025 VOLUNTEER RESERVATION REQUEST

PERSONAL/CONTACT INFORMATION:

Name: _____ DOB: _____ Male: ___ Female: ___

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

Member of Wisconsin American Legion Family? Yes: _____ No: _____ Post / Unit / Squadron #: _____
(circle one)

Have you stayed at Camp American Legion previously? Yes: ___ No: _____ How many times? _____

How did you hear about Camp American Legion? _____

The ways our volunteers help around camp include: ... **[Mark according to interest in helping with them]**

- maintenance projects (including repairs, paint, etc): Yes _____ No _____
- grounds (including cut, trim & rake grass, flower beds, trash pick-up): Yes _____ No _____
- craft house (help campers & clean up): Yes _____ No _____
- kitchen (help prep & cook foods, plate desserts, make sandwiches, etc): Yes _____ No _____
- boats (experienced in driving pontoons and helping others fish): Yes _____ No _____
- dining room (clean tables & floors and wash dishes): Yes _____ ... [note: all-hands on deck for this]
- end of week clean-up (clean cabins, & lodge): Yes _____ ... [note: all-hands on deck for this]
- miscellaneous (help campers & other things as needed): Yes _____ ... [note: all-hands on deck for this]

Please note ... volunteers may be asked to help with other things as needed. Thanks

List food allergies or important health information we should be aware of: _____

Do you use a: Wheelchair ___ Scooter ___ Walker ___ Cane ___ Service Dog ___ None ___

Do you need lodging? Yes ___ No ___

Can you do stairs (18 steps)? Yes _____ No _____ [Some volunteer housing is upstairs in lodge.]

VOLUNTEER REQUEST DATES: _____ to _____

Please check one:

_____ **HONORABLY DISCHARGED VETERAN** ... Dates of Service: _____ to _____
Branch of Military Service: _____ Active: _____ Reserve: _____ Guard: _____

_____ **CURRENTLY SERVING MILITARY** ... Date Entered: _____
Branch of Military Service: _____ Active: _____ Reserve: _____ Guard: _____

_____ **NOT A VETERAN**

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____

Address: _____

Phone: _____ Relationship: _____

STATEMENT OF APPLICANT:

- * I understand that I will be exposed to risks of nature and elements over which neither Camp American Legion nor its employees have any control.
- * I will accept all responsibility for any injury incurred while volunteering at Camp; participating in any Camp activity, including travel in Camp vehicles and boats.
- * I certify that if I incur any expenses for medication, hospitalization, or any other reason while I am at camp, I will be responsible for such expenses.
- * I assume responsibility for the loss of or damage to my personal effects while at Camp.

Applicant Signature: _____ **Date:** _____