CAMP AMERICAN LEGION
8529 WEST COUNTY ROAD D
LAKE TOMAHAWK, WISCONSIN 54539

2027 VOLUNTEER APPLCATION

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 #

Have you volunteered at Camp American Legion previously? Yes ☐ No ☐ How many times? _____

How did you hear about Camp American Legion

Ways our volunteers help around camp include:

☐ Maintenance projects (including repairs, paint, etc):

☐ Grounds (including cut, trim & rake grass, flower beds, trash pick-up) craft house (help campers & clean up)

☐ Boats (Captains must have driving experience and obtain a WI fishing license)

☐ Kitchen (prep foods, help clean, any tasks cooks needs assistance with)

Please check which tasks above your are interested in.

Please not all volunteers are expected to assist with the following tasks:

- Dining room (clean tables & floors and wash & put away dishes)
- End of week clean-up (clean cabins, & lodge)
- Miscellaneous tasks/assisting Guests with needs

VOLUNTEER REQUEST DATES: _____ to _____

☐ **By checking this box I agree that I am physically capable of volunteering. I can lift a minimum of ten pounds, stand for at least 30 minutes, and can navigate at least 18 stairs without issues.**

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: _____

For questions or assitance, please call our office at (715)277-2510 and select the option for Volunteer/ Recreation or via email at calrec@wilegion.org. Thanks!