



CAMP AMERICAN LEGION
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Lake Tomahawk, WI 54539
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www.campamericanlegion.org
715-277-2510

2022 VOLUNTEER RESERVATION REQUEST

PERSONAL/CONTACT INFORMATION:

NAME: _____ DOB: ____ - ____ - ____ MALE: _____ FEMALE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

Are you a member of The Wisconsin American Legion? Yes: ____ No: ____ District: ____ Post #: _____

Have you stayed at Camp American Legion previously? Yes: _____ No: _____

If yes, how many years have you attended camp? _____

How did you hear about Camp American Legion? _____

Please provide a list of any special skills, certifications, or licenses _____

Please list any food allergies we should be aware of: _____

Do you use a: Wheelchair _____ Scooter _____ Walker _____ Cane _____ Service Dog _____

VOLUNTEER REQUEST DATES: ____ - ____ - ____ to ____ - ____ - ____ **LODGING:** YES ____ NO ____

Please check one:

____ **NOT A VETERAN**

____ **HONORABLY DISCHARGED VETERAN**

DATES OF SERVICE: _____ TO _____

MILITARY BRANCH OF SERVICE: _____ ACTIVE: ____ RESERVE: ____ NG: ____

____ **CURRENTLY SERVING MILITARY**

DATE ENTERED: _____

MILITARY BRANCH OF SERVICE: _____ ACTIVE: ____ RESERVE: ____ NG: ____