

VOLUNTEER APPLICATION

North American Squirrel Association

| Applicant's Name | | | |
|--|-----------------|---|------------------|
| Address: | | | |
| City: | State | ZIP: | |
| Telephone: | | | |
| Email: | | | |
| * Would you like to receive o | ur email new | vsletter with upo | dates on |
| programs and volunteer opp | oortunities? (| (Circle one) YES | NO |
| *Check all that apply: | | | |
| I am an able-bodied ind SPORTING BUDDY for one o activities. | | | |
| I have land/equipment disabled sporting activities. | that I would li | ke to allow n.a.s. | a to utilize for |
| I would like to participate Please put me in contact with | | • | |
| Fishing (summer) Ice Fishing (Winter) Golf Sled Hockey Pontoon Boat Kayaking | S W Tr | Pheasant Hunting Snow Skiing Vater Skiing Frack Chair Bicycling | |

Please send this completed form to:
North American Squirrel Association
P.O. Box 186
Holmen, WI 54636