



Date _____

Volunteer Questionnaire

Thank you for your interest in volunteering with the WACF! Our volunteers are critical to our organization and we strive to provide them with rewarding experiences.

Please provide your contact information and return or mail this form to our Education Center.

Name _____

Address _____

Email _____ Phone Number _____

Season Available to Volunteer:

- Winter
- Spring
- Summer
- Fall

I would most enjoy:

- Land management & maintenance
- Indoor office work
- Whatever needs to be done

Days Available to Volunteer:

- Weekdays
- Weekends
- As needed

Best Times:

- Morning
- Afternoon
- As needed

I have special skills: _____

Thank you for taking time to fill out this form and we will contact you shortly about the next steps for volunteering with the WACF!

Please mail completed form to:
WACF Education Center, PO Box 548, Syracuse, IN 46547

Or visit our WACF Education Center / 11586 N SR 13 / one mile south of Syracuse on SR 13

WACF
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www.wacf.com
574-457-4549