STURGEON GUARD SIGN-UP SHEET 2013

E-mail address: DNRSturgeonGuard@wisconsin.gov

*Name:*_____ *Name:*_____

*Address:*_____ *Address:*_____

*City/Zip:*_____ *City/Zip:*_____

*Phone #:*_____ *Phone #:*_____

*Email:*_____ *Email:*_____

STURGEON GUARD DATES

AM Shift: 7:00 a.m. until 7:00 p.m. ***PM Shift: 7:00 p.m. until 7:00 a.m.***

DATE	AM	PM	DATE	AM	PM	DATE	AM	PM
April 1	____	____	April 12	____	____	April 23	____	____
April 2	____	____	April 13	____	____	April 24	____	____
April 3	____	____	April 14	____	____	April 25	____	____
April 4	____	____	April 15	____	____	April 26	____	____
April 5	____	____	April 16	____	____	April 27	____	____
April 6	____	____	April 17	____	____	April 28	____	____
April 7	____	____	April 18	____	____	April 29	____	____
April 8	____	____	April 19	____	____	April 30	____	____
April 9	____	____	April 20	____	____	May 1	____	____
April 10	____	____	April 21	____	____			
April 11	____	____	April 22	____	____			

When selecting a shift please indicate your preference order (1st, 2nd, 3rd choice).

Only 2 adults per rock pile. Those under 18 must have a chaperone present.

Return to:

April Dombrowski
625 E County Rd Y, Suite 700
Oshkosh, WI 54901
Ph# 920-420-1140
Fax# 920-424-4404

1. Do you have a disability? Yes ☐ No ☐
2. Have you volunteered for more than one shift? Yes ☐ No ☐
3. Would you be available for guard duty at short notice (within 2 hours)? Yes ☐ No ☐
4. Will you need lodging? Yes ☐ No ☐
5. Do you prefer a specific site in which you volunteered in the past?
vehicle access ☐ **foot only access** ☐ Yes ☐ No ☐
6. How many years have you been volunteering for the Sturgeon Guard Program? _____ **years**
7. What Conservation / Outdoor organizations are you a member of? _____
8. Can we contact you after Sturgeon Camp to complete a survey about your experience at camp and utilization the new web based format? Yes ☐ No ☐
9. If yes, to Question #8, please confirm your email address. _____

Note: Completion of this form is voluntary and intended for Sturgeon Guard Scheduling.