

Send completed form to:  
Friends of the Historic Park  
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FRIENDS OF THE SAUK CITY HISTORIC PARK

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Please indicate which volunteer activities interest you. Enter a "1" beside your first choice, "2" beside your second, "3" beside your third.

\_\_\_\_\_ House Docent

\_\_\_\_\_ Indian Pioneer Days (Fourth Grade Tours)

\_\_\_\_\_ Hospitality

\_\_\_\_\_ Outreach Community Services

\_\_\_\_\_ Fundraising Activities

\_\_\_\_\_ Building Maintenance

\_\_\_\_\_ House Cleaning

\_\_\_\_\_ Garden Volunteering

\_\_\_\_\_ Advertising

\_\_\_\_\_ Communications

2<sup>nd</sup> Language: \_\_\_\_\_

Other Skills: \_\_\_\_\_