



NCAC Volunteer Form

Northwoods Community Assistance Coalition

We would love for you to become a NCAC Volunteer.

Name _____

Address _____

Phone _____

Email _____

Please check all services you would like to assist with:

Transportation- Driver

Socialization (visit shut ins)

Construction - wheel chair ramps/steps/install support brackets
bathrooms

Provide meals

Fundraiser worker/assistance

Other _____

Submit form via Facebook/email/mail

NCAC (Northwoods Community Assistance Coalition)

PO Box 251

Lakewood, WI 54138

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