

Group Volunteer

Contact Information	Volunteer Interest
Date	My group is interested in volunteering with
Name	(check all that apply):
Organization	Curbside Recycling Program
Address	 Talking with residents door-to-door
AddressZip	☐ ReUse Center (organizing/clean up)
Email	☐ Drop-off Station (cleaning/sorting/custome
Phone (H)	assistance)
Phone (W)	☐ Calvert's Roll-off Containers
Please call me at ☐ home ☐ work	 Painting roll-off containers
Best times to call	Public Recycling Events (township clean-up
	days and shredding events)
	Zero Waste Events
Group Information	
Approximate number of volunteers	Group Availability
Group consists of (please check all that apply):	(Check all that apply)
☐ High school students ☐ Adults	M Tu W TH F Sa Su
☐ College students	Mornings
-	Afternoons
Group is interested in:	Evenings
One-time volunteering project	Possible
☐ On-going volunteer projects	dates:
Reasons for volunteering:	
☐ Community service	
☐ Self-interest of group members	How many hours is your group interested
□ Other	in volunteering?