



Group Volunteer

Contact Information

Date _____
 Name _____
 Organization _____
 Address _____
 City _____ Zip _____
 Email _____
 Phone (H) _____
 Phone (W) _____
 Please call me at home work
 Best times to call _____

Group Information

Approximate number of volunteers _____

Group consists of (please check all that apply):
 High school students Adults
 College students

Group is interested in:
 One-time volunteering project
 On-going volunteer projects

Reasons for volunteering:
 Community service
 Self-interest of group members
 Other _____

Volunteer Interest

My group is interested in volunteering with (check all that apply):

- Curbside Recycling Program
 - Talking with residents door-to-door
- ReUse Center (organizing/clean up)
- Drop-off Station (cleaning/sorting/customer assistance)
- Calvert's Roll-off Containers
 - Painting roll-off containers
- Public Recycling Events (township clean-up days and shredding events)
- Zero Waste Events

Group Availability

(Check all that apply)

	M	Tu	W	TH	F	Sa	Su
Mornings							
Afternoons							
Evenings							

Possible dates: _____

How many hours is your group interested in volunteering? _____