Volunteer Information

Name ____________________________________________________________

Years of School Completed _____

Work Experience____________________________________________________________

Do you have any physical limitations Sedona Recycles staff needs to be conscious of?___________

If so, please explain:
______________________________________________________________
______________________________________________________________

Contact in case of Emergency:

Name: ________________________________________________________________

Address: ___________________________________________________________________

Phone #: ___________________________________________________________________

Relationship: _______________________________________________________________

Interests: In which areas are interested in gaining experience?

Environmental Issues ____ Social Action____ School Policy____ Customer Service____
Youth Education ____ Leadership ____ Senior Involvement ____ Fundraising ____
Government____ Skilled Labor____ Business___ Entrepreneurship___ Robotics/machinery___
Other__________________________

Explain why you would like to volunteer_________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
List Memberships in Clubs and Organizations:

____________________________________________________________________________
____________________________________________________________________________
List Hobbies and Special Skills:

____________________________________________________________________________
____________________________________________________________________________

Availability
When are you available for volunteer assignments?

___:____ to ___:____ Monday       ___:____ to ___:____ Thursday
___:____ to ___:____ Tuesday      ___:____ to ___:____ Friday
___:____ to ___:____ Wednesday    ___:____ to ___:____ Saturday

Will notify according to availability_______________________________

Please know that your help and input are valued. Any suggestions, concerns, or ideas are welcome and will be given careful consideration. We hope to contribute to the skill set you’d like to develop, please share your personal goals with us! You are not expected to perform any tasks you are not comfortable with.

Supervisor ____________________________________________ Date______________

Volunteer______________________________________________ Date______________