



SEDONA RECYCLES

KEEPING THE RED ROCKS GREEN SINCE 1989

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 _____