



VOLUNTEER REGISTRATION

Volunteer Group: _____

Contact Person: _____

Address: _____ **Zip:** _____

City: _____

Email: _____ **Fax:** _____

Phone: _____

Your Signature (If under 18, Signature of Parent or Guardian)

Yes, my group would like to take part in the activities checked below:

Litter Removal

Beautification

Graffiti Removal

Preferred Event Date: _____

Approximate Number of Volunteers: _____

Event Location and Address: _____

Location/Address of Garbage for pickup: _____
(MUST BE BETWEEN SIDEWALK AND CURB)

Special Needs/ Requests: _____
(Please attach additional page if needed)