

VOLUNTEER APPLICATION

Bay Area Recycling for Charities Traverse City & Kaleva, Michigan

Contact Information

Name _____ Date _____
Home Address _____
Home Telephone _____ Cell Phone _____
Email Address _____
Preferred Contact Method: Home __ Cell __ Email __
DL# & Issuing State _____ DOB _____

Emergency Information

Special medical needs/conditions _____
Emergency procedures (if applicable) _____

Emergency Contact Information

Name _____ Relationship _____
Primary Phone _____ Other Phone _____
Address _____
(street) (city) (state) (zip)

What sector of BARC would you like to volunteer in?

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Kaleva Repurpose Store | <input type="checkbox"/> Traverse City Building Cleaning |
| <input type="checkbox"/> Kaleva E-Waste | <input type="checkbox"/> De/Re Construction |
| <input type="checkbox"/> Kaleva Mattress Recycling | <input type="checkbox"/> BARC Zero Waste Events |
| <input type="checkbox"/> Kaleva Trailer Clearing/Loading | <input type="checkbox"/> Beer pouring |
| <input type="checkbox"/> Kaleva Boat Liners | <input type="checkbox"/> Waste sorting |
| <input type="checkbox"/> Traverse City Compost | <input type="checkbox"/> Community Education |

What is your availability to volunteer?

- Monday Hours _____
 Tuesday Hours _____
 Wednesday Hours _____
 Thursday Hours _____
 Friday Hours _____
 Weekend Hours _____

When would you be available to start and how often can you volunteer for us?

Date _____