

Regional Waste Reduction Office

1450 K.L.O. Road, Kelowna, BC V1W 3Z4

Telephone: 250 469-6250, Fax: 250-762-7011, E-mail: recycle@cord.bc.ca

www.regionaldistrict.com



Master Composter Application Form

(Please email, fax or mail completed applications to the above addresses)

Date: _____

Name: _____

Address: _____

Postal Code: _____

Telephone: (H) _____ (W) _____

Fax or E-mail: _____

Age Group: Under 19 30 – 39 50 – 59 75 +
 19 – 29 40 – 49 60 – 74

Please check the activities in which you would like to become involved:

- | | |
|---|--|
| <input type="checkbox"/> Trade Shows | <input type="checkbox"/> Public Speaking to large groups |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Public Speaking to small groups |
| <input type="checkbox"/> School Events | <input type="checkbox"/> Working with Children |

Occupation (past or present) _____

Education _____

Languages spoken _____

Please list any special skills you can contribute to the Master Composter program:

Have you ever volunteered before? If so, where? _____

How did you hear about the Master Composter Program?

What times/days are you generally available for meeting? _____

How many hours per week are you available to volunteer? _____

Will you be able to continue with your volunteer work for at least six months?

yes no

If no, how long will you be available to volunteer? _____

Would you be willing to provide a criminal record check?

yes no

Medical Condition

Do you suffer from any known physical or medical condition(s) which may prevent you from performing the volunteer duties outlined on this application, in a safe, healthy and efficient manner?

yes no

If yes, please fully state the nature of your condition(s). _____

Date: _____ (Day/month/year)