

**Volunteer Application**  
**PRoKansas / Miller Recycling Center (Plastics Recycling of Kansas, Inc.)**  
**725 E Clark Wichita, KS 67211 (316) 269-1359**  
**www.prokansasrecycling.org**

Name: \_\_\_\_\_ 18 or over? \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ email \_\_\_\_\_

If the volunteer is under the age of 18, a parent or guardian must also sign this application.  
A parent or guardian is also required to complete a volunteer form and accompany volunteers 14 years or younger.

**Please Answer the Following Questions (use other side if needed):**

How did you learn about volunteer opportunities with PRoKansas? \_\_\_\_\_

Are you volunteering to fulfill community service or volunteer requirements? Yes: \_\_\_\_ No: \_\_\_\_

If yes, name of organization or court system: \_\_\_\_\_

Any physical / mental conditions that should be considered in volunteer assignments? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please list: \_\_\_\_\_

Have you ever been charged with or convicted of a felony? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please list: \_\_\_\_\_

I prefer to work (please circle): Tuesday (1pm-4pm) Thursday (1pm-4pm) Saturday (9am-noon or noon-3pm)

Other: \_\_\_\_\_

I am willing to help with (please circle): Collection Center manpower Maintenance / Repairs

Calling Volunteers Educational Programs Funding / Fundraising / Grant Writing

Other: \_\_\_\_\_

**Please list an emergency contact(s):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Your doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital \_\_\_\_\_

**HOLD HARMLESS AGREEMENT AND POLICY DISCLAIMER**

PRoKansas/Miller Recycling Center is a not-for-profit 501(c) (3) organization. PRoKansas/Miller has limited resources and I recognize that volunteer activities, just as any other daily activity, may possess some level of risk. I agree to hold PRoKansas/Miller Recycling Center and the company officers, directors, and employees harmless from any loss, damage, cost, expense, or injury (including death) that I may suffer from accident or injury while performing my duties as a volunteer. I also understand that I may be terminated from volunteer position at any time under PRoKansas/Miller Recycling Center's discretion with or without explanation.

**CONSENT FOR MEDICAL TREATMENT:**

In the event of an accident or emergency, I give PRoKansas/Miller Recycling Center full permission to authorize medical treatment if I am unable to give consent and my emergency contact cannot be reached.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteers Coordinator:** \_\_\_\_\_ email: [volunteers@prokansasrecycling.org](mailto:volunteers@prokansasrecycling.org)