Volunteer Application

PRo Kansas Recycling (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 under the age of 18, a parent or guardian must also sign this application.

A parent or guardian is also required to accompany volunteers 14 yrs or younger.

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

How did you learn about volunteer opportunities with PRo Kansas? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Plastics Recycling of Kansas, Inc (dba PRo Kansas Recycling) is a not-for-profit 501(c) (3) organization. PRo Kansas 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 PRo Kansas Recycling 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 PRo Kansas Recycling discretion, with or without explanation.

CONSENT FOR MEDICAL TREATMENT:

In the event of an accident or emergency, I give PRo Kansas Recycling 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 Coordinators: Joel Wilder email: volunteers@prokansasrecycling.org