



Master Composter Recycler Program Volunteer Application

Thank you for your interest in becoming a Master Composter Recycler Volunteer!
Please, fill out the application and return it to:

**Master Composter Recycler Program
12602 SE Evergreen Highway
Vancouver, WA 98683**

Upon receipt of your completed application you will be contacted with further information. We look forward to working with you!

1) Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (Day) _____ (cell): _____

E-mail: _____ Occupation: _____

2) Work Status: Full-time / Part-time / Retired / Not working outside home

3) What topic(s) are you the most interested in learning about?

- | | |
|---|--|
| <input type="checkbox"/> Backyard Composting | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Worm Composting | <input type="checkbox"/> IPM (Integrated Pest Management) |
| <input type="checkbox"/> Sustainable building practices | <input type="checkbox"/> Building and maintaining healthy soil |
| <input type="checkbox"/> Green cleaning | <input type="checkbox"/> Ecolawns and grasscycling |

4) What topic(s) can you provide information about?

5) Why do you want to become a MCR Volunteer?

6) What is your previous volunteer experience?

7) How did you hear about the MCR Program?

8) Can you attend all of the training sessions? Yes No

9) Are you able to fulfill the 30 hour volunteer commitment over the next year? Yes No

10) Which, if any, of these sustainability related practices do you currently do?

- | | | |
|---|--|--|
| <input type="checkbox"/> composting | <input type="checkbox"/> mulching | <input type="checkbox"/> garden with natives |
| <input type="checkbox"/> compost with worms | <input type="checkbox"/> drip irrigation | <input type="checkbox"/> reduced lawn |
| <input type="checkbox"/> recycle | <input type="checkbox"/> grasscycling | <input type="checkbox"/> ecolawn |
| <input type="checkbox"/> other _____ | | |

11) What special skills and/or knowledge do you offer?

12) Please, briefly describe your philosophy on recycling and composting and its importance in the local community.

13) I understand that upon acceptance of this application I am committed to attend all training sessions and will complete 30 hours of volunteer service during 2010, that may include, but not limited, to: participating in community outreach events, lectures, and workshops (unless prior arrangements have been made with the MCR Program Coordinator).

Signature _____

Date: _____



Please contact Jo Anne Dolan with any questions about this application or the Master Composter Recycler Program at: mcr@columbiasprings.org or call 360-882-0936 x 224