

CITY OF PACIFIC BEAUTIFICATION COMMITTEE VOLUNTEER APPLICATION FORM

Is this a group or individual request?: (Please circle one)

Group

Individual

Contact Information:

Name (or group point of contact name) _____

Address: _____

Phone: Home _____ Mobile _____

May we text mobile number? Yes No

Age: (if under 18) _____

E-mail: _____

Volunteer Interest: (please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Trash Pick-up | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Planting | <input type="checkbox"/> Mulching Landscape Beds | <input type="checkbox"/> Clearing Brush |
| <input type="checkbox"/> Trimming Trees | <input type="checkbox"/> Mow grass | <input type="checkbox"/> Gardening Maintenance |
| <input type="checkbox"/> Pulling weeds | <input type="checkbox"/> Event help | <input type="checkbox"/> Administration |

Other: (please specify) _____

Availability: (at what times are best for you?)

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Daytime | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Evenings | |

How often would you be willing to volunteer?

- | | | |
|---------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
|---------------------------------|----------------------------------|------------------------------------|

Other _____

Do you have a specific beautification project you would like to work on? If so, please state...

