VOLUNTEER INTEREST FORM

Name: ________________________________________________________________________

Address: _____________________________________ City/State/Zip: ____________________

Home Phone: _________________________ Work/Cell Phone: __________________________

Email: ________________________________________________________________________

Employment and Professional Experience:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Education:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Volunteer Activities:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Special Skills and Talents:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Checklist for Skills and Interests (please check all that apply):
_____ Collections System
_____ Maintenance Department
_____ Engineering Department
_____ Administration Department
_____ Solid Waste and Recycling Services
Please list any ideas you might have for opportunities in volunteering:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

_____ Please send me information about volunteering opportunities, when they become available.

Please return the completed form to:
Oro Loma Sanitary District
2655 Grant Avenue
San Lorenzo, CA 94580
Attn: Administrative Services Manager