

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