

Columbia Shuswap Regional District Master Composter/Recycler Program

Box 978, 555 Harbourfront Drive
Salmon Arm BC V1E 4P1
Phone: 250-833-5936/1-888-248-2773
Fax: 250-832-1083
recycling@csrd.bc.ca
www.csrd.bc.ca



Application Form

(please email, fax, or mail completed application to the above address)

Volunteers interested in this program will learn about environmental stewardship including the history of Waste Management, home composting, household hazardous waste, vermicomposting and residential recycling. This one day course will consist of in-class instruction as well a field exercise.

What do Master Composter / Recyclers do?

After finishing the course, graduates contribute a minimum 35 hours of volunteer activity promoting the three Rs: **Reduce**, **Reuse**, and **Recycle**.

Graduates become important resources in their communities as they broaden awareness about the benefits of composting and recycling.

Examples of volunteer activities include:

- help at Recycling Fairs
- help friends and neighbours start composting
- represent the Solid Waste team at public events
- host a movie night or lunch-hour session
- give community and school presentations
- green your workplace or community centre



Name: _____

Address: _____ Postal Code: _____

Telephone: _____ email address: _____

Please indicate which activities you would like to become involved in through the program:

- | | |
|---|--|
| <input type="checkbox"/> Information Booths | <input type="checkbox"/> Working with Children |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> School Events | <input type="checkbox"/> Backyard Garden Parties |
| <input type="checkbox"/> Community Liason | <input type="checkbox"/> Other _____ |

Occupation (past or present) _____

Education _____

Please list any special skills you can contribute to the Master Composter/Recycler Program:

Have you ever volunteered before? (Yes/No). If yes, where? _____

How did you hear about the Master Composter/Recycler Program? _____

What times/days are you generally available to meet? _____

Would you be willing to provide a criminal record check? (Yes/No)

MEDICAL CONDITION

Do you suffer from any known physical or medical condition(s) which may prevent you from performing the volunteer duties outlined in this application in a safe, efficient manner?

Yes No