



VOLUNTEER APPLICATION SENIOR LEAF COLLECTION

Date: _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

EMERGENCY Contact Information:

Name: _____

Current Address: _____

Phone Number: _____

Email Address: _____

WHICH DATE WOULD YOU PREFER:

Saturday, December 2, 2023 _____

Sunday, December 3, 2023 _____

DO YOU OWN:

Leaf Blower _____

Rake _____

(One will be provided for the day if you do not)