



Adopt-A-Spot

Instructions

1. Fill out the SWA Volunteer Application and Adopt-A-Spot First Cleanup Registration.
2. Return the completed documents to:

Adopt-A-Spot
Customer Information Services
Solid Waste Authority of Palm Beach County
7501 North Jog Road
West Palm Beach, FL 33412

3. We will review your application and upon approval contact you to confirm the location and date of your first cleanup. We will also make arrangements for you to pick up your cleanup supplies approximately one week in advance of your event.
4. Following each cleanup, return the volunteer sign in sheet by mail to the address above, fax to 561-640-3400 or email to Imoreno@swa.org or jaiken@swa.org.
5. Conduct at least two cleanup/beautification events per year.

Safety Guidelines

1. Wear gloves and closed toe shoes.
2. Protect yourself from the sun (hat, sunglasses, sun-block, etc.).
3. Avoid all contact with hazardous materials. If you encounter any containers of substances you can't identify, leave it and contact SWA as soon as possible. Report any found weapons to the police. **Do not touch them!**
4. Bring an adequate supply of drinking water. Alcoholic beverages are never permitted.
5. Face oncoming traffic to be able to detect erratic drivers if working along a roadway.
6. Provide supervision at all times for youth groups.
7. Do not work in inclement weather, especially if there is lightning in the area. Work only during daylight hours that are not peak travel times (best time is usually between 8:00 am and 11:00 am).

If you have questions or need additional information, contact our community services team at 561-697-2700 or 1-866-792-4636 and speak with Linda (ext. 4717) or Joanna (ext. 4701).

Solid Waste Authority of Palm Beach County Customer Information Services
7501 North Jog Road, West Palm Beach, FL 33412
561-697-2700 or 866-792-4636 toll-free
www.swa.org



Volunteer Application

7501 North Jog Road
 West Palm Beach, FL 33412
 Voice: 561-697-2700 ext. 4717
 Fax: 561-640-3400
 Web Page: www.swa.org

Personal Information:

Date:			
First Name:	Last Name :	Middle:	
Home Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Cell:	Fax:
E-mail:		Date of Birth:	

Personal/Professional References:

Personal Name:		Daytime Phone:	
Address:		City:	
State :	Zip:	Years Known:	
Business Name:		Contact Person:	Daytime Phone:
Address:		City:	
State:	Zip:	Years Known:	

Emergency Contact Information:

Person to contact in case of emergency:		Name:	Relationship:
Address:		City:	Zip:
Home Phone:		Work Phone:	Other Phone:

Areas of Interest: Indicate which areas you would like to volunteer for our agency?

<input type="checkbox"/> Administrative Support	Performing various clerical duties for special projects such as: copying, data entry, filing, mailings and much more.
<input type="checkbox"/> Adopt-A-Spot	Beautifying a designated spot in Palm Beach County
<input type="checkbox"/> “Green Team” Special Events	Working special events to help distribute educational information to residents.
<input type="checkbox"/> Neighbor 2 Neighbor	Participate in our Community Outreach Programs along with assisting the SWA staff with Community Action Projects.
<input type="checkbox"/> Virtual Volunteering	Support your community and the environment through creative DIY arts and crafts projects and activities while at home, school, work or play.

How did you learn about our volunteer program?

Are you fluent in any language other than English? Yes No Read? Yes No Write? Yes No

Which language?

What do you expect to gain and to give as a volunteer?

Please check the subjects/jobs/skills in which you have experience:

Clerical

- Data entry
- Filing
- Copying
- Mailings
- Phone Work

Computers

- Word
- Access
- Excel
- Desktop Publishing
- Web Design
- Outlook
- Other _____

Communications

- Public Speaking
- Public Relations
- Marketing
- Special Events
- Social Media

Other

- Accounting
- Making Decisions/Policies
- Newsletter
- Art/Craft Projects
- Environmental Issues/Projects

List any other skills, hobbies, interests or educational degree you have that might be helpful in your volunteer work:

Photo and Press Release

I _____, do hereby give the Solid Waste Authority of Palm Beach County, their assigns, licenses and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, visual and voice recording and likeness in all forms and media and in all manners, including photo, film, audio, video and all social media representations, for nonprofit, public purposes, and I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I have read this release and am fully familiar with its contents.

Name: _____ Date: _____
(please print)

Signature: _____

If under age 18:
Name of parent/legal guardian: _____ Date: _____
(please print)

Signature of parent/legal guardian: _____

By signing this application, you are giving us permission to contact you regarding volunteer opportunities with the Solid Waste Authority of Palm Beach County. If you move or your interests change, please contact us so we can update your file. Thank you for your interest in volunteering.

Signature of applicant: _____ Date: _____

If under age 18:
Signature of parent/legal guardian: _____ Date: _____

“Volunteers of governmental agencies are entitled to workers compensation and are subject to the same limitations as an employee.”



FOR OFFICE USE ONLY	
<input type="checkbox"/> Application Received.....	_____
<input type="checkbox"/> Entered into VSys One	_____
<input type="checkbox"/> Volunteer Manual.....	_____
<input type="checkbox"/> Folder/File.....	_____
<input type="checkbox"/> Shirt size.....	_____



YOUR PARTNER FOR
SOLID WASTE SOLUTIONS

ADOPT-A-SPOT **FIRST CLEANUP REGISTRATION**

Name of Group _____

Group Leader _____

Date of First Cleanup _____

Location of Adopted Spot _____

Our group commits to cleaning the above mentioned adopted spot for a period of two years at a minimum of two times per year.

Group Leader Signature _____ Date _____

Please return to: Adopt-A-Spot Program
Solid Waste Authority of PBC
Customer Information Services
7501 North Jog Road
West Palm Beach, FL 33412



7501 North Jog Road, West Palm Beach, Florida 33412 (561) 640-4000 Fax (561) 640-3400
Customer Information Services (561) 697-2700 • Toll-Free: (866) 792-4636



Solid Waste Authority of Palm Beach County

Adopt-A-Spot Roster

Adopt-A-Spot Group: _____

Group Contact: _____

Location of Event: _____

Date: ____/____/____ **Start Time:** _____ **End Time:** _____

Please have all event volunteers sign in on the Adopt-A-spot Event Roster Form

LITTER MATTERS.... Thank you for making a difference in our community!

<p>Number of Volunteers: _____</p> <p>Total Hours Worked: _____</p> <p>Total Weight (Trash): _____</p> <p>Total Weight (Recycling) _____</p>

**YOUR efforts are most successful when we create awareness among others ...
Let's inspire them to partner with us on sustainability initiatives.**

Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____	Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____
Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____	Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____
Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____	Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____
Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____	Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____
Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Date of Cleanup: _____ Hours Worked: _____	Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Date of Cleanup: _____ Hours Worked: _____
Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____	Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____
Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____	Name: _____ Age: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Hours Worked: _____

Please fax to Linda Moreno or Joanna Aiken at (561) 640-3400



Adopt A Spot Event Registration Form
Event Information

Event Date:		Event Start Time:	
Volunteer Group Name:		# of Volunteers	
Group Leader Contact:		Group Leader Phone/Email:	
SWA Event Contact:		SWA Contact Phone/Email:	

Adopt A Spot Group Location Information

Adopted Location:		Address:	
Directions:			
AAS Supplies:	Do you need AAS supplies? <input type="checkbox"/> Bags <input type="checkbox"/> Gloves <input type="checkbox"/> Pickers <input type="checkbox"/> T-shirts (30 max.) <input type="checkbox"/> AAS Sign <input type="checkbox"/> Other		
Post cleanup information:	How will you be disposing of your bags of litter/recycling? <input type="checkbox"/> Collection Service <input type="checkbox"/> Curbside <input type="checkbox"/> Dumpster <input type="checkbox"/> Transfer Station		

*Please review the information and make sure it is accurate. Your signature below confirms your commitment to participating in the Adopt A Spot event described event. **Once signed, please fax back to Linda Moreno or Joanna Aiken at (561) 640-3400.***

 Volunteer Group Leader

 Date

 SWA Representative

 Date