



EXTRA CLEANUP APPLICATION

Name of Group or Family: _____

Name of Adult Applicant: _____ Age of Adult Applicant: _____

E-Mail: _____ Cell Phone Number: _____

Name of Student Contact Person: _____

E-Mail: _____ Cell Phone Number: _____

Number of Volunteers: Total _____ Youth _____ Adult _____

Desired project start date: _____

Desired project completion date: _____

Applicant interested in one project or multiple projects: _____

Signature of Contact Person: _____

Date Application Submitted to KSLB: _____

For KSLB Use Only:

Assigned Site: _____

Assigned Date: _____ Assigned Time: _____

Waivers on File: _____ Date Submitted: _____

- Please allow sufficient time to schedule and prepare for your cleanup.
- Anyone, under age 18, must have a registered adult participate and complete the project with them.
- After project approval, the group contact must submit a waiver for each of their volunteers.
- Safety Instructions will be provided for all volunteers.
- Your assigned site will be based on the number of volunteers in your group.