

Beach Clean-Up Application – Special Project

Name o	of Group:		Date of Project: Phone: Email	
Group (Coordina	tor Name:		
Addres	s:			
Mailing	Address	(if different):		
1.				
2.	Project	Location:		
3.	Start a	nd end time of project:	Number of volunteers you expect:	
4.	What w	vill volunteers do at your project:		
5.	What s	What supplies will your group need (Wharf and Beach Operation will provide up to 15 grab-sticks, 5 buckets,		
	33 gallo	on biodegradable trash bags and a Captai	ns bucket including a fist aid kit and a sand scoop.):	
6.	What supplies will volunteer group provide:			
7.	Volunteer Duties (Be specific about tasks/duties) NOTE: Volunteers are NOT allowed to participate in the following activities: Use of power tools, ladders (over 2'), or drive city vehicles.			
8.	Volunteers should wear closed toe shoes and hats, and bring heavy gloves. They should bring sunscreen, water and quarters for parking).			
9.		Age(s) Requested: (Check all that apply) MINORS (-18) 18-55 55 + Family (Parent & Child)		
10.		If more than 1 day, please complete:		
	a.	Hours per day	Days per week	
	b.		Weeks/months	
	C.	Estimate of Total hours:	Specific Time of Day:	
	d.	Specific Date(s) of Project:		
(Please	e Print) I,	, understand	that volunteers are NOT allowed to participate in the	
followi	ng activi	ities: Usage of power tools, ladders, or	city vehicle use. I understand that city employees who	
		·	bally guide/direct volunteer projects and are NOT	
allowed	d to phys	sically participate in the volunteer proje	ct.	
Signatı	ure of Gr	roup Coordinator	Date	

This document must be completed and returned to the CitySERVE office

20 business days before scheduled project

CitySERVE

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