

TOWN OF BARNSTABLE DPW
SOLID WASTE DIVISION



SWAP SHOP VOLUNTEER SIGN UP FORM

Name: _____

Phone Number: _____

Residential Address: _____

Email Address: _____

(circle one)

Are you available Saturdays 8am to 1pm between June 1 and Sept 1? Y N

Are there certain dates that you would not be able to volunteer? Y N

If yes, Please list _____

Are you willing to lead a small group of volunteers at the Swap-shop? Y N

If no, are you willing to support and work with someone who is? Y N

Are you a current Transfer Station Permit Holder? Y N

Are you aware of the Rules and Regulations of the Facility ? Y N

Are you aware of the Rules and Regulations of the Swap-Shop? Y N

Do you have any experience in customer service or public interactions ? Y N

Please email this form to Transferstation@town.barnstable.ma.us or drop off at our office and we will contact you for an interview.

Please Note: All Volunteers will be required to sign a standard Volunteer Release/Indemnification Agreement