

Master Composter/Recycler Training Registration

Name: _____ Home Phone: _____

Address: _____ Daytime Phone: _____

City/State: _____ Zip: _____

Email: _____

The best times to reach you are (click all boxes that apply):

Mornings Evenings Weekdays Weekends

Briefly describe your own recycling/composting/gardening experiences: (200 characters)

Are you composting your yard and garden debris now? Yes No

Briefly list employment and volunteer experience: (200 characters)

Explain why you want to become a Master Composter/Recycler: (200 characters)

How did you learn about the Master Composter/Recycler Program? (200 characters)

In exchange for my training and materials, I agree:

- ***To complete all sessions and requirements of the class including the spring Compost Fair (TBD)***
- ***To volunteer time to home composting/recycling community outreach***

Signed: _____ Date: _____
(If submitting this form electronically, consent is given by typing in name above.)

There are two ways to submit form: Complete the form, save it to your computer, then email it back OR print off form, fill it in by hand--please print legibly--and return by fax or mail.

Return completed registration form to:

Master Composter/Recycler Program
2900 S. Geiger Blvd.
Spokane, WA 99224
Fax: 625-6537
Email: kmajor@spokanecity.org
For questions call 625-6521

The Master Composter/Recycler Program is a Volunteer Program of the Spokane County Regional Solid Waste System

Registration Deadline: March 5, 2021