





Application Form

Designated Project Coordinator

Phone (Home)		(Cell)
Driver's License Nu	mber or State ID Cai	rd (attach copy)
Neighborhood/Proje	ct Name	
Volunteer Organiza	tion Name (if applica	able)
		Pick Up (date/time)
If multiple dates, list	here:	
Trailer can be dropp	oed off or picked up N	Monday thru Friday between 8:30 am and 2:00 pm
Cleanup Project Des	cription (include clea	anup date):
Location and Bound	aries of Cleanup Pro	ject:
		olved (minimum of five) th this application!
•		(PC) agree to the following:
 As PC, I location is the traile I will enso have con I will conbeginnin I will enso place bac I will repand tear 	will work with Green for the trailer and will ar is delivered. ure all participants unpleted all waivers. If irm equipment inverge and end of our every ure all equipment is each onto the trailer. Ilace any item missing excluded).	Youngstown and any local authority to determine a proper parking a meet with a Green Youngstown staff member at that location when using the equipment from the trailer are at least 18 years old and entory with the Green Youngstown staff at the
	Signature	Date
Submit Form to:	Green Youngstow 9 W. Front Street,	n Attn: RUBY



Youngstown, Ohio 44503

Fax 330-747-2522

Questions? 330-744-7526