

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 most Saturdays 8am to 1pm from May 1 to Oct 1? Y N

Are you available most Saturdays during peak hours from 9:30-12:30? Y N

Are you available some Saturdays 8am-1pm to fill in as needed? Y N

Are you willing to support and work with our volunteer team? 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