



Reduce. Reuse.  
**Recycle!**  
*It starts with you.*  
 CALHOUN COUNTY, MICHIGAN

**Team Green Application**

Calhoun County’s Solid Waste Program aims to reduce the dependence on landfills by offering recycling opportunities and education to county residents about reducing waste. We extend an opportunity for you to be part of our success.

**PLEASE PRINT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Volunteer Type:  Individual  Group/Organization

**What volunteer opportunities interest you?**

- Albion Recycling Center (Monday, Wednesday, Saturday)
- Marshall Recycling Center (Tuesday, Thursday, Saturday)
- Recyclerama (Saturday)
- Special Collections (Styrofoam #6 and Scrap Tires)

**Day(s) of availability to volunteer (please circle):**

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

CALHOUN COUNTY/CITY OF ALBION VOLUNTEER AGREEMENT

Calhoun County, the City of Albion and \_\_\_\_\_ (hereinafter "Volunteer") agree that in consideration for the opportunity to provide volunteer services at the Albion Recycling Center ("Center"), the following terms shall apply:

1. The Volunteer agrees that he/she is not an employee of Calhoun County or the City of Albion and is not entitled to receive salary, benefits, or other compensation of any type relative to any services provided at the Center. The Volunteer understands that he/she does not qualify for workers' compensation benefits and is expected to carry personal medical insurance to cover medical expenses for any injuries he/she incurs while performing volunteer services.

2. Volunteer releases and holds harmless Calhoun County and the City of Albion, together with their respective elected and appointed board members, officials, employees, agents, and representatives, from any responsibility or liability for personal injury, including death, and damage to or loss of property, that Volunteer may incur due to the negligence of Calhoun County and/or the City of Albion, together with the respective elected and appointed board members, officials, employees, agents, and representatives of the County and the City of Albion while Volunteer is engaging in activities pursuant to this Agreement.

3. This Agreement contains the complete expression of the agreement between the Volunteer, the City, and the County on the subjects contained herein and there are no other oral or written agreements or understandings between the entities and Volunteer concerning these subjects. Any prior agreements or understandings on the matters addressed in this Agreement are hereby rescinded, revoked or terminated. This Agreement may be modified or amended only by subsequent written agreement approved by the authorized representatives of the County and the City.

Calhoun County  
By: Kelli Scott  
Kelli Scott  
Its: Administrator/Controller  
Date: \_\_\_\_\_

City of Albion  
By: Sheryl Mitchell  
Sheryl Mitchell  
Its: City Manager  
Date: \_\_\_\_\_

Volunteer  
  
Sign: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

If the Volunteer is under the age of 18, the signature of the Volunteer's Parent or Guardian is required and by signing below the parent or guardian agrees that he/she has read the Volunteer Agreement, agrees to the same, and is signing said agreement on behalf of the Volunteer:

Parent/Guardian signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_